MEGA UNITED SKILL TRAINING SDN BHD (781947-W)

Miri Training Center - HQ
Lot 1770, Blok 3, Jalan Prunus 2
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98000 Miri, Sarawak, Malaysia
Tel: +60(85)-664441/ 4442/ 4443
Fax: +60(85)-622649

Bintulu Training Center
Block 32, Lot 7520, Sublot 21, Jalan Tun Hussein Onn,
Batu 5, Jalan Bintulu/ Miri, Bintulu Grandmet Industrial
97000 Bintulu, Sarawak, Malaysia
Tel: +60(86)-315551
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BORANG PENDAFTARAN KURSUS (MIRI)

COURSE REGISTRATION FORM (MIRI)

BORANG / FORM: MUST-R39F

KURSUS-KURSUS SCAFFOLDING / *SCAFFOLDING COURSES*

Tick (√)

- ☐ BASIC SCAFFOLDING COMPETENCY *(DOSH)*
- ☐ INTERMEDIATE SCAFFOLDING COMPETENCY *(DOSH)*
- ☐ BASIC SCAFFOLDING TUBULAR
- ☐ INTERMEDIATE SCAFFOLDING TUBULAR
- ☐ SCAFFOLDING SAFETY INSPECTION *(INSPECTOR)*
- ☐ SCAFFOLDING SAFETY INSPECTION *(REFRESHER)*
- ☐ SCAFFOLDING SAFE ERECTOR
- ☐ SCAFFOLDING SAFETY APPRECIATION
- ☐ SCAFFOLDING REFRESHER

KURSUS-KURSUS LAIN / *OTHER COURSES*

- ☐ BASIC RIGGING AND SLINGING
- ☐ BASIC RIGGING AND SLINGING (CEP)
- ☐ OTHERS

_____

_____

TARIKH KURSUS
COURSE DATE

*(To be completed in **BLOCK LETTERS**)*

A. MAKLUMAT PEMOHON / PERSONAL PERTICULARS

NAMA PENUH
FULL NAME

NO. KAD PENGENALAN (BARU)
NRIC NO. (NEW)

UMUR
AGE

JANTINA
GENDER

☐ **LELAKI** *MALE* ☐ **PEREMPUAN** *FEMALE*

TARIKH LAHIR
DATE OF BIRTH

ALAMAT SURAT-MEYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NEGERI
STATE

NO. TELEPON
TELEPHONE NO.

NO. TEL. BIMBIT
HANDPHONE NO.

PEKERJAAN SEMASA
CURRENT JOB.

B. MAKLUMAT KESIHATAN / MEDICAL HISTORY

01	**LEMAH JANTUNG** *HEART DISEASE*	☐ **YA** *YES*	☐ **TIDAK** *NO*	04	**TEKANAN DARAH TINGGI** *HIGH BLOOD PRESSURE*	☐ **YA** *YES*	☐ **TIDAK** *NO*
02	**SAKIT DADA YANG KRITIKAL** *CRITICAL CHEST PAIN*	☐ **YA** *YES*	☐ **TIDAK** *NO*	05	**MASALAH KESIHATAN LAIN** *OTHER HEALTH PROBLEMS*	☐ **YA** *YES*	☐ **TIDAK** *NO*
03	**SESAK NAFAS** *SHORTNESS OF BREATH*	☐ **YA** *YES*	☐ **TIDAK** *NO*				

** THE MEDICAL CONDITION MAY RENDER AN INDIVIDUAL UNFIT TO ATTEND TRAINING. MEGA UNITED SKILL TRAINING RESERVES THE RIGHT TO DECIDE WHETHER THE INDIVIDUAL IS SUITABLE OR OTHERWISE. **(ATTACH COPY OF MEDICAL CERTIFICATE/ MEDICAL REPORT)***

C. WARIS TERDEKAT (SEKIRANYA KECEMASAN) / NEXT OF KIN (IN-CASE OF EMERGENCY)

NAMA SAUDARA/ KAWAN
NAME OF FRIEND/ RELATIVE

NO. TELEPON KECEMASAN
EMERGENCY CONTACT NO.

PERTALIAN
RELATIONSHIP

D. MAKLUMAT PENAJAAN / SPONSORSHIP

PENAJA
SPONSOR

☐ **PENAJAAN SENDIRI** *SELF SPONSORED* ☐ **PENAJAAN SYARIKAT** *COMPANY SPONSORED*

NAMA SYARIKAT (JIKA DITAJA)
COMPANY NAME (IF SPONSORED)

ALAMAT SURAT-MEYURAT
MAILING ADDRESS

BANDAR
CITY

POSKOD
POSTCODE

NO. TELEPON
TELEPHONE NO.

NO. FAKS
FAX NO.

PEGAWAI BERTUGAS
PERSON IN-CHARGE

JAWATAN
DESIGNATION

I, _____ DECLARE THE ABOVE STATEMENT & INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE

TANDATANGAN PEMOHON
PARTICIPANT'S SIGNATURE _____

TARIKH
DATE _____

E. UNTUK KEGUNAAN PEJABAT / FOR OFFICE USE

CARA PEMBAYARAN *PAYMENT MODE*	☐ **CEK** *CHECK*	☐ **TUNAI** *CASH*	**JUMLAH BAYARAN** *AMOUNT PAID*	**NO. RESIT** *RECEIPT NO.*	**BAKI** *BALANCE*

***** NOTE: 10% WILL BE CHARGED UPON LAST MINUTE CANCELLATION OF THE COURSE***