

MDeC USE ONLY

Application No: _____

Received Date: _____

Reviewed Date: _____



**MSC Malaysia Capability Development Programme
CDP Professional Development
Application Form**

Application for:

MSC Malaysia Status Organisation Category

Incentive for Training + Professional Certification

Incentive for Professional Certification

*Please ensure application is submitted before attending any training course or professional certification

Kindly complete the form and submit to:

Capability Development Department

CDP Professional Development Secretariat

Multimedia Development Corporation

MSC Malaysia HQ, 2360 Persiaran APEC

Cyberjaya 63000, Selangor Darul Ehsan

Attention:

Nur Aida Mohd Ghouse

E: nuraida@mdec.com.my



(a) Organisation's Details

Organisation Name	:	
Company Registration No.	:	
Correspondence Address	:	
MSC Malaysia Status	:	() Yes () No
Organisation Website	:	
Telephone No.	:	
Fax No.	:	

(b) Participant's Details

- Please complete 'Training Course Information' AND 'Professional Certification Information' sections if this application includes Training Track
- Each organisation can nominate up to ten (10) participants per application per year
- 2 copies of Certified True Copy of MyKad for each participant MUST be submitted together with this Application Form
- Please attach training course quotation/brochures/any related document that states the cost and syllabus

Name of Participant (#1)	:	
IC Number (new)	:	
Working Experience (yrs)	:	
<u>Training Course Information</u>		
Name of Training	:	
Name of Training Provider	:	
Expected Training Start Date	:	
Expected Training End Date	:	
Training Fees (RM)	:	

Professional Certification Information

Name of Certification	:	
Exam Code(s) #	:	
Name of Testing Centre	:	
Expected Date to Complete Certification	:	
		<i>* For multiple exams, please state the final exam date here & complete Study Plan in Appendix 1</i>
Total Exam Fee(s) (RM)	:	

Name of Participant (#2) :

IC Number (new) :

Working Experience :

Training Course Information

Name of Training :

Name of Training Provider :

Expected Training Start Date :

Expected Training End Date :

Training Fees (RM) :

Professional Certification Information

Name of Certification :

Exam Code(s) # :

Name of Testing Centre :

Expected Date to Complete Certification :

** For multiple exams, please state the final exam date here & complete Study Plan in Appendix 1*

Total Exam Fee(s) (RM) :

Name of Participant (#3) :

IC Number (new) :

Working Experience :

Training Course Information

Name of Training :

Name of Training Provider :

Expected Training Start Date :

Expected Training End Date :

Training Fees (RM) :

Professional Certification Information

Name of Certification :

Exam Code(s) # :

Name of Testing Centre :

Expected Date to Complete Certification :

** For multiple exams, please state the final exam date here & complete Study Plan in Appendix 1*

Total Exam Fee(s) (RM) :

Name of Participant (#4)	:	
IC Number (new)	:	
Working Experience	:	
<u>Training Course Information</u>		
Name of Training	:	
Name of Training Provider	:	
Expected Training Start Date	:	
Expected Training End Date	:	
Training Fees (RM)	:	
<u>Professional Certification Information</u>		
Name of Certification	:	
Exam Code(s) #	:	
Name of Testing Centre	:	
Expected Date to Complete Certification	:	
		<i>* For multiple exams, please state the final exam date here & complete Study Plan in Appendix 1</i>
Total Exam Fee(s) (RM)	:	

(c) Particulars of Contact Person

Name of Contact Person	:	(Mr/Ms)
Designation	:	
Email Address	:	
Telephone	:	

(d) Declaration

I declare that all the information provided in this application is true and correct. I have read the Programme Guidelines and fully understand the terms and conditions for this application and agree to abide by them as published in the guidelines and as amended from time to time by MDeC.

*[Declaration must be **made by a member of senior management** (i.e. CEO, MD, CTO)]*

Signature by Employer

Company Stamp:

Name :

Designation :

Date :

(e) Application Checklist**i. Eligibility Criteria Checklist:**

<input type="checkbox"/>	MSC Malaysia Status Organisation
<input type="checkbox"/>	Nominated participant(s) must be Malaysian
<input type="checkbox"/>	Nominated participant(s) must have at least 1 month working experience
<input type="checkbox"/>	Professional certification applied must be approved by MDeC
<input type="checkbox"/>	Training Provider chosen is Certified/Authorised Learning Partner of the professional certification chosen
<input type="checkbox"/>	Nominated participant(s) must meet the admission criteria of the professional certification
<input type="checkbox"/>	Nominated participant(s) is not more than ten (10) pax

ii. Documentation Checklist:

<input type="checkbox"/>	2 copies - Certified True of MyKad for each nominated participant
<input type="checkbox"/>	Signed declaration along with company stamp

For Professional Certification Track:

<input type="checkbox"/>	Completed Study Plan for each nominated participant - Appendix 1
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For Application with Training Track:

<input type="checkbox"/>	A copy of training course quotation/brochures/any related document that states the cost & syllabus
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(f) Official Use Only

Recommendation : () Proceed () KIV () Reject

Amount Incentive Approved (RM) :

Reviewed By :

Reviewed Items:

<input type="checkbox"/>	2 copies - Certified True Copy of MyKad for each nominated participant(s)
<input type="checkbox"/>	MSC Malaysia Status Organisation
<input type="checkbox"/>	Training Provider – Certified / Authorised Learning Partner
<input type="checkbox"/>	For application with Training Track: quotation/brochures/any related document that states the itemised cost and syllabus
<input type="checkbox"/>	Signed declaration with company stamp
<input type="checkbox"/>	Study Plan
<input type="checkbox"/>	Form complete and legible

Appendix 1 – Study Plan

- 1 study plan for each nominated participant
- For professional certification with multiple exams, kindly detailed out your exam dates in the table below.

Name of Participant:

Exam #	Exam #1	Exam #2	Exam #3	Exam #4
Name of Exam Paper				
Exam Code #				
Exam Date				

Exam #	Exam #5	Exam #6	Exam #7	Exam #8
Name of Exam Paper				
Exam Code #				
Exam Date				

Remarks (if any):