



MASTER BUILDERS ASSOCIATION MALAYSIA

SITE SAFETY SUPERVISOR (SSS) COURSE



MBAM

APPLICATION FORM

<input type="checkbox"/> SSS Course KL (Full Time) - Intake _____	<input type="checkbox"/> SSS Course KL (Weekend) - Intake _____
<input type="checkbox"/> SSS Course Johor - Intake _____	<input type="checkbox"/> SSS Course Penang - Intake _____
<input type="checkbox"/> SSS Course KK, Sabah - Intake _____	<input type="checkbox"/> SSS Course Kuantan, Pahang - Intake _____
<input type="checkbox"/> SSS Course Kuching, Sarawak - Intake _____	<input type="checkbox"/> SSS Course Miri, Sarawak - Intake _____
<input type="checkbox"/> SSS Course Bintulu, Sarawak - Intake _____	<input type="checkbox"/> Others _____

Personal Details/Maklumat Peribadi (* marked column is compulsory to fill in)

Name*: Nama:		Other Name: Nama Lain:	
NRIC*: No. K/P:	Date of Birth*: Tarikh Lahir:	Place of Birth: Tempat Lahir:	
Gender*: Jantina:	Nationality*: Warganegara:	Marital Status*: Taraf Perkahwinan:	
Correspondence Address*: Alamat Surat Menyurat:		Permanent Address*: Alamat Tetap:	
Postcode*:		Postcode*:	
Tel (O) :		Handphone*:	
CIDB Green Card Expiry Date*:		Email*:	

Academic Qualifications/Maklumat Akademi*

Name of Secondary School/College/University Nama Sekolah Menengah/Kolej/University	Year Attended Tahun Pengambilan	Qualification Obtained Kelayakan Yang Diperolehi

Professional and Other Qualifications (If Any) / Lain-lain Kelayakan Professional (Jika Ada)

Name of the Awarding Body Nama Badan Penganugerahan	Specialisation Pengkhususan	Qualification Obtained Kelayakan Yang Diperolehi



MBAM

MASTER BUILDERS ASSOCIATION MALAYSIA
SITE SAFETY SUPERVISOR (SSS) COURSE



Employment and Experience / Pengalaman Bekerja*		
Current Employer: Majikan Sekarang:	Name of Company *: Address*: Nama dan Alamat Syarikat:	Date of Employment*: Tarikh Mula Berkhidmat:
		Position*: Jawatan:
Previous Employment: Majikan Terdahulu:	Name of Company: Nama Syarikat Majikan :	Date of Employment: Tarikh Berkhidmat:
		Position: Jawatan:
	Name of Company: Nama Syarikat Majikan:	Date of Employment: Tarikh Berkhidmat:
		Position: Jawatan:
My present employer is a member of MBAM*: Majikan Sekarang Saya Adalah Ahli MBAM:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Payment / Bayaran* All cheque should be made payable to: <u>MBAM Training Services Sdn Bhd</u> Acc. No.: Maybank - 514-114-435-808		
Cheque / bank draft* Cek / Deraf Bank	No. :	Amount: Jumlah:
Declaration and Signature/ Pengakuan		
<p>I declare that the information provided by me in this application form is true and correct. I acknowledge that MBAM reserves the right to vary or reserves any decision regarding admission or enrolment made regarding the basis of incorrect or incomplete information. I am aware that the issuance and approval of DOSH Yellow Book is subject to the discretion of DOSH.</p> <p><i>Saya mengesahkan bahawa semua maklumat dalam borang ini adalah sahih dan benar. Saya bersetuju bahawa MBAM berhak untuk mengubah keputusan berkenaan kemasukan sekiranya maklumat yang saya berikan adalah tidak benar atau tidak lengkap. Saya sedar bahawa pengeluaran dan kelulusan JKKP Buku Kuning adalah tertakluk kepada budi bicara JKKP.</i></p>		
_____ Signature of Applicant/Tandatangan Pemohon		_____ Date / Tarikh

MBAM reserves the right to cancel or postpone scheduled training. Confirmation of class will be notified at least 1 week in advance from the date of scheduled training

Kindly return this application form to:

MASTER BUILDERS ASSOCIATION MALAYSIA (MBAM)

Secretariat

2-1, Jalan 2/109E, Desa Business Park, 58100 Kuala Lumpur

Tel: 03-7984 8636 H/P: 017-258 5200 Fax: 03-7982 9811

Email: mbam14@mbam.org.my / mbam13@mbam.org.my

Contact Persons : Ms Ara Tam / Ms Marsita

Sample of confirmation letter from Employer

COMPANY LETTER HEAD

To: MBAM Secretariat
2-1(1st Floor), Jalan 2/109E
Desa Business Park
58100 Kuala Lumpur

Date:

Dear Sir/Madam,

Re: Confirmation of Employment for SSS Course

Refer to the above, as required, we wish to confirm on the following:

Company information:

Tick (✓)	Contractor	Tick (✓)	Consultant
	Civil & Structural		Safety Consultant
	Mechanical & Electrical		Project Management Consultant
	Architectural		Oil & Gas
	Interior Decoration		Other(s): _____
	Landscape		
	Oil & Gas		
	Other(s): _____		

Current employment of SSS Applicant:

Name:	
IC:	
Position:	
Date Employed:	
Current Salary:	
CIDB Green Card Expiry Date:	
Current Location of Job Site:	
Contact Handphone No:	

Should you need further information, please contact the following person:

Name:	
Position:	
Office Contact No.	
Handphone No:	
Fax No:	
E-mail:	

I hereby confirm that the payment of the course will be paid by **Company / Participant**. (Please select)

Thank you.

Yours faithfully,

.....
Name
Position (Managing Director/ HR Manager)

.....
Company Stamp /Cop Syarikat



MASTER BUILDERS ASSOCIATION MALAYSIA
SITE SAFETY SUPERVISOR (SSS) COURSE



CHECKLIST FOR EMPLOYER / APPLICANT

Confirmation Letter from Current Employer
Surat Pengesahan dari Majikan Sekarang

Application Form Signed
Borang Permohonan telah Ditandatangani

One (1) Copy of Certified NRIC
Satu (1) Salinan Kad Pengenalan yang telah Disahkan

One Copy of Certified CIDB Green Card
Satu (1) Salinan Kad Hijau CIDB yang telah Disahkan

Certified True Copy of Certificate/Diploma/Related
Salinan Sijil/Diploma/berkaitan yang telah Disahkan

Cheque No. _____ **Amount: RM** _____