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| REGISTRATION FORM FOR CERTIFICATION EXAMINATION |
|  |
| \* PLEASE COMPLETE THE FORM USING CAPITAL LETTERS | DATE OF APPLICATION | : |  |
|  |
| **CERTIFICATION SCHEME** |
|  |
| SCHEME TITLE | : |  | SCHEME CODE | : |  |
|  |
| **PARTICULARS OF CANDIDATE** |
|  |
| **PERSONAL INFORMATION** |
|  |
| FULL NAME | : |  |
| TITLE | : |  | NRIC/PASSPORT NO. | : |  |
| DATE OF BIRTH | : |  | AGE | : |  |
| CORRESPONDENCE ADDRESS | : |  |
|  |  |  |
| MOBILE PHONE NO. | : |  | HOUSE PHONE NO. | : |  |
| EMAIL ADDRESS | : |  |
|  |
| **ACADEMIC QUALIFICATION**(Please provide complete information on your education background; additional sheet may be used if needed.) |
|  |
| QUALIFICATION | INSTITUTION | FIELD OF STUDY  | GRADUATION YEAR |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **INFORMATION RELATING TO IMM** |
|  |
| IMM COMPETENCY (If any) | : |  |
| IMM MEMBERSHIP NO. | : |  | IMM COMPETENCY CERTIFICATE NO. | : |  |
|  |
| **CURRENT JOB INFORMATION** |
|  |
| NAME OF COMPANY | : |  |
| DESIGNATION/POSITION | : |  |
| ADDRESS OF COMPANY | : |  |
|  |  |  |
| OFFICE PHONE NO. | : |  | OFFICE FAX NO. | : |  |
| **WORKING EXPERENCE**(Please provide complete information on the employment records in the related field; additional sheet may be used if needed.) |
|  |
| NAME OF COMPANY | POSITION | DURATION | JOB DESCRIPTION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **FOR CANDIDATES WITH SPECIAL NEEDS** |
|  |
| Do you require any assistance to accommodate your special needs during the examination session? |
|  |
|  | Yes | Please specify the required assistance and reason for the request: |
|  |  |
|  |  |
|  |
|  | No |
|  |
| **SUBMISSION OF SUPPORTING DOCUMENTS** |
|  |
|   | Copy of Identity Card/Passport |
|  |
|  | Updated curriculum vitae (CV) |
|  |
|   | Copy of relevant competency certificate (if any) |
|  |
|  | Copy of certificate of attendance to any relevant training course(s) |
|  |
|  | Proof of payment |
|  |
|  | Original letter from physician/relevant authority (for candidates with special needs) |
|  |
|  | Others |
| Please specify | : | (1) |  |
|  |  | (2) |  |
|  |  | (3) |  |
|  |
| **DECLARATION BY CANDIDATE** |
|  |
| I, the undersigned, hereby: |
|  |
|  | declare that, to the best of my knowledge, the information provided on this form is correct and complete and that all documents appended to this form for the submission of my application are genuine and the actual copy of the original documents; |
|  |
|  |
|  | give my permission for my personal data to be processed by the Institute of Materials, Malaysia for personnel, administration and/or management purposes in accordance to the Personal Data Protection Act 2010 (Act 709) under the Laws of Malaysia and for my contact details to be made available to the public if required to due to legal matters upon a formal request by legal personnel; |
|  |
|  |
|  | consent that the Institute of Materials, Malaysia may disclose any information obtained during the certification process, or from sources other than the applicant, candidate or certified person, to an unauthorized party for the purpose deemed necessary by the Institute of Materials, Malaysia and where the law requires such information to be disclosed; |
|  |
|  |
|  | agree and understand that the Institute of Materials, Malaysia does not need to provide prior notification to me when there is a request or inquiry made about the status of my certification; |
|  |
|  |
|  | agree to comply with the certification requirements and to supply any supplementary documents or further information required based on the request made by personnel of the Institute of Materials, Malaysia for assessment purposes; and |
|  |
|  |
|  | understand that the remitted fee is non-refundable if I withdraw after my application has been accepted. |
|  |
| SIGNATURE | : |  |
| FULL NAME | : |  |
| NRIC/PASSPORT NO. | : |  | DATE | : |  |
|  |
| **FOR OFFICE USE** |
|  |
| SUITABILITY CHECKLIST |
|  |
|   | Highest academic qualification |
|  |
|  | Work experience in related field |
|  |
|  | IMM’s competency certification or equivalent |
|  |
|  | Attended training or revision course(s) |
|  |
| DECISION ON SUITABILITY |
|  |
|   | YES | Please specify: |  | NO |
| Date | : |  |  |
| Venue | : |  |  |
|  |
| Reviewed by (on behalf of ECP), |  | Approved by (on behalf of ECP), |
|  |  |  |
| Name | : |  |  | Name | : |  |
| Date | : |  |  | Date | : |  |