



DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH

Website: <http://www.dosh.gov.my>

APPROVAL CHECKLIST FOR CONTINUOUS EDUCATION PROGRAM (CEP)

Application should be addressed to:

Director General,
Department of Occupational Safety and Health,
Level 2, 3 & 4, Block D3, Complex D,
Federal Government Administrative Centre,
62530 Federal Territory of Putrajaya.
(ATT: Director of Industrial Safety Division)

Please complete the following information:

Applicant:

Tel. No : _____

E-mail : _____

The following information is required (information should be in the order below): -

NO.	ITEMS	YES (v)	NO (x)	OFFICE USE
				NOTE
1.	Cover/ application letter.			
2.	CEP Application Form properly filled			
3.	Course content and time schedule of courses.			
4.	Module and learning plans (min. 15 hours) in the form of soft copy and hard copy.			
5.	Example certificates will be issued to participants.			
6.	Information of speaker:			
	i. Curriculum vitae			
	ii. Copies of competency certificates			
	iii. Copies of Train The Trainer certificates			
	iv. Copies of related certificates			
7.	Letter from speaker agreed to teach.			
8.	Method of evaluating the participants after the program ends.			
9.	Methods of quality control on the functioning of the course.			
10.	Information about the course commences			
	i. Facilities available in the class			
	ii. Teaching aids			
	iii. Pictures			
11.	Evaluation of the course participants.			

NOTE:

Applicant or organizer requested to apply 2 months in advance of the course to be held.

For Office Use:

DS 001 No. : _____

Registration No. : _____

Receive Date : _____

Office Stamp :-

i. Admin

ii. Industrial Safety Division

iii. PP Unit Head

For Officer Use (BKI):

Receive Date : _____

Document : Complete / Not Complete

Note :



1.0 ORGANIZER INFORMATION

1.1 Name and address:

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1.4 Fax No. (office):

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1.5 E-mail:

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1.2 Person in charge:

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1.6 Website:

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1.3 Tel. No. (office):

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2.0 PROGRAM INFORMATION

2.1 Name:

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2.4 Duration:

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2.5 Objective:

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2.2 Address program:

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2.3 Date:

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2.6 Target participant:

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(For the serial program, applicant must provide the periodic table)

3.0 SPEAKER INFORMATION

3.1 Name:

Qualification:

Experience:

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(Please attach copies of experience certificate, Train The Trainer certification, certificates of competency and related certificates)