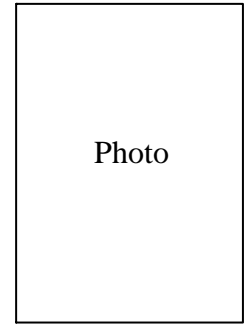


## APPLICATION FORM FOR DIALYSIS ASSISTANT COURSE

### PERSONAL PARTICULARS

Name (Mr/Mrs/Ms) : \_\_\_\_\_  
 (As per NRIC) \_\_\_\_\_  
 NRIC No (New) : \_\_\_\_\_  
 Home address : \_\_\_\_\_



Tel no : (H) \_\_\_\_\_ (H/P) \_\_\_\_\_ E-mail : \_\_\_\_\_  
 Age : \_\_\_\_\_ Sex :  Male  Female  
 Nationality : \_\_\_\_\_ Race : \_\_\_\_\_  
 Marital Status :  Single  Married  Widowed  Divorced

### NEXT OF KIN PARTICULARS

Name (Mr/Mrs/Ms) : \_\_\_\_\_  
 Relationship : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Tel no : (H) \_\_\_\_\_ (H/P) \_\_\_\_\_

### QUALIFICATIONS

Education :  SPM (Please attach photocopy of certificate)

### Language Literacy

Language / Dialect	Indicate Good, Fair or Poor		
	Speak	Write	Read

### Haemodialysis Experience

Name of Dialysis Centre / Hospital	Year	
	From	To

\* SPM Results (Please attach photocopies of certificates)

**HEPATITIS STATUS**

Hepatitis Bs Ag :  Non-reactive  Reactive

Hepatitis B Ab : \_\_\_\_\_ IU/L

Hepatitis C :  Non-reactive  Reactive

HIV :  Non-reactive  Reactive

*\*Please attach photocopies of latest blood test results (Validity : 6 months from date of application)*

**REFEREES (List 2 persons excluding relatives and former employer)**

Name	Address & Tel No	Occupation	Years Known

Accommodation Required :  YES  NO

(For outstation candidates only)

**ENDORSEMENT BY PRESENT EMPLOYER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

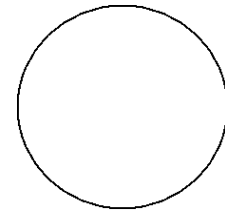
Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Company : \_\_\_\_\_

Address : \_\_\_\_\_

Tel No : (O) \_\_\_\_\_ (Fax) \_\_\_\_\_



Company Rubber Stamp

**DECLARATION**

I/We declare the information given in this application is true and complete. I/We understand any misleading information or willful omission is sufficient reason for rejection of admission to the course.

I/We hereby declare that I/we have read and understood the contents of the privacy notice of NKF displayed on the NKF website at [www.nkf.org.my](http://www.nkf.org.my) and confirm my/our consent for NKF to use my/our personal data for the purposes and to the parties stated in the privacy notice.

\_\_\_\_\_  
Signature of Employer

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date : \_\_\_\_\_