

## APPLICATION FORM FOR DIALYSIS ASSISTANT COURSE

### SECTION A: COURSE APPLICATION CHECKLIST

Please put a checkmark beside the items you have submitted (certified true copy), and include this form with your supporting documents. We will not process applications which are incomplete.

- Identification Card
- SPM transcript
- Blood Test Result (Hepatitis B, Hepatitis C, HIV)
- Medical Check-up Form (Certified medically fit by registered medical practitioner within one (1) month from commencement of the course)

Photo

### SECTION B : PERSONAL PARTICULARS

<b>Name (Mr/Mrs/Ms) (As per NRIC)</b>			
<b>NRIC No. (New)</b>		<b>Age</b>	
<b>Home Address</b>			
	<b>Postcode</b>		<b>State</b>
<b>Tel. No. (H/P)</b>		<b>Tel. No. (O)</b>	
<b>Email</b>		<b>Tel. No. (H)</b>	
<b>Marital Status</b> *Circle or underline	<b>Single / Married / Widowed / Divorced</b>	<b>Race</b>	
<b>Nationality</b>		<b>Sex</b> *Circle or underline	<b>Male / Female</b>
<b>Accommodation Required</b>	<b>Yes / No</b> (For outstation candidates only)	<b>Possess Own Transport</b>	<b>Yes / No</b>
<b>Next of Kin Particulars</b>			
<b>Name (Mr/Mrs/Ms) (As per NRIC)</b>			
<b>NRIC No (New)</b>		<b>Relationship</b>	
<b>Home Address</b>			
<b>Tel. No. (H/P)</b>		<b>Tel. No. (Home/Office)</b>	

SECTION C : QUALIFICATION			
C.1 : Education Background			
Qualification	SPM / Diploma / Degree / Others _____		
Institution	School / College / University _____		
Year			
C.2 : Languages			
English	Spoken : Good / Fair / Poor Written : Good / Fair / Poor Listen : Good / Fair / Poor		
Bahasa Melayu	Spoken : Good / Fair / Poor Written : Good / Fair / Poor Listen : Good / Fair / Poor		
C.3 : Working Experience			
Name of Centre/Hospital		Start Date (MMYY) – End Date (MMYY)	Joined Duration (Years & Months)
Referee 1 (excluding relatives)		Referee 2 (excluding relatives)	
Name		Name	
Address		Address	
Job Title		Job Title	
Tel. No.		Tel. No.	
Years Known		Years Known	

SECTION D : MEDICAL REQUIREMENTS	
Hepatitis Bs Ag	Non-reactive / Reactive
Hepatitis B Ab	_____ IU/L
Hepatitis C	Non-reactive / Reactive
HIV	Non-reactive / Reactive

**SECTION E: SPONSORSHIP OF DIALYSIS ASSISTANT COURSE**

(Select one)

- Self-sponsored
- Sponsored by present employer

**ENDORSEMENT BY PRESENT EMPLOYER**

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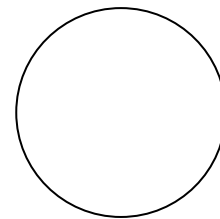


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**Name** : \_\_\_\_\_  
**Designation** : \_\_\_\_\_  
**Company** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
 \_\_\_\_\_  
**Tel. No.** : (O) \_\_\_\_\_ (Fax) \_\_\_\_\_



Company Rubber Stamp

**SECTION F: 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 : \_\_\_\_\_