



## MQA INTERNSHIP PROGRAMME

### PARTICIPATION FORM

#### 1) Name of Participant

Family Name																				

First Name																				

Middle Name																				

<b>2) Nationality</b>		<b>5) Date of Birth</b>				
<b>3) Sex</b>	( ) Male	( ) Female	<b>Date</b>	<b>Month</b>	<b>Year</b>	<b>Age</b>
<b>4) Religion</b>						

6) Type of Organization					
Organization					
Year of establishment					
( ) National Governmental	( ) Local Governmental	( ) Public Enterprise			
( ) Private (profit)	( ) NGO/Private (Non-profit)	( ) University			
( ) Other :					

7) Present Position and Current Duties							
Department/ Division							
Present Position							
Date of employment by the present organization	Date	Month	Year	Date of assignment to the present position	Date	Month	Year

8) Outline of duties: Describe your current duties

9) Contact Information	
Office	Address:
	Tel: <input type="text"/> Mobile Phone : <input type="text"/>
	Fax: <input type="text"/> E-mail: <input type="text"/>
Home	Address:
	Tel: <input type="text"/> Mobile Phone : <input type="text"/>
	Fax: <input type="text"/> E-mail: <input type="text"/>
Contact person in emergency	Name:
	Relationship to you:
	Address:
	Tel: <input type="text"/> Mobile Phone : <input type="text"/>
	Fax: <input type="text"/> E-mail: <input type="text"/>

10. Career Record					
a) Job Record (After graduation)					
Organization	City/ Country	Period		Position or Title	Brief Job Description
		From Month/ Year	To Month/ Year		

b) Educational Record (Higher Education)					
Institution	City/ Country	Period		Degree obtained	Major
		From Month/ Year	To Month/ Year		

c) Training or Study in Foreign Countries					
Institution	City/ Country	Period		Field of Study / Program Title	
		From Month/ Year	To Month/ Year		

11. English Language Proficiency				
Listening	( ) Excellent	( ) Good	( ) Fair	( ) Poor

11. English Language Proficiency				
Speaking	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Reading	( ) Excellent	( ) Good	( ) Fair	( ) Poor
Writing	( ) Excellent	( ) Good	( ) Fair	( ) Poor

12. Please indicate the areas that you are interested to learn in this programme.

13. Please indicate your expectations of this programme.

**AUTHORISATION:**

I hereby declare that the information provided above is true and correct. I also hereby declare that I have read, understood and agree on the terms and conditions of the internship programme.

Signature:	Print Name:
	Date:
<p><b>Email this form to:</b></p> <p><a href="mailto:norasikin@mqa.gov.my">norasikin@mqa.gov.my</a></p> <p><a href="mailto:hafizah@mqa.gov.my">hafizah@mqa.gov.my</a></p> <p><a href="mailto:atiqah@mqa.gov.my">atiqah@mqa.gov.my</a></p> <p><a href="mailto:masfidayanti@mqa.gov.my">masfidayanti@mqa.gov.my</a></p> <p><a href="mailto:asmaa@mqa.gov.my">asmaa@mqa.gov.my</a></p>	<p><b>Any Query/Assistance:</b></p> <p>+60 3 8688 4810 (Mrs. Norasikin Yahya)</p> <p>+60 3 8688 4819 (Mrs. Norhafizah Jusoh)</p> <p>+60 3 8868 3748 (Mrs. Nurul Atiqah Mohd Hanapiah)</p> <p>+60 3 8868 4820 (Mrs. Masfidayanti Mokhtar)</p> <p>+60 3 8868 4820 (Ms. Asmaa' Suid)</p>
<p><b>Event (16<sup>th</sup> – 20<sup>th</sup> March 2020) - Closing date: 21<sup>st</sup> February 2020</b></p> <p><b>Event (24<sup>th</sup> – 28<sup>th</sup> August 2020) - Closing date : 27<sup>th</sup> July 2020</b></p>	