

**APPLICATION FORM**

**PROGRAMME:**

**CERTIFIED COACH TRAINING PROGRAMME**

**Place your  
passport-sized  
photograph here**

The applicant is required to fill in the Application Form and send it to University of Malaya Centre for Continuing Education, Level 3, Block A, University of Malaya City Campus, Jalan Tun Ismail, 50480 Kuala Lumpur. Each application form must be enclosed with ONE copy of your IC, TWO copies of your passport-sized photograph, ONE set of certified copies of relevant certificates and a recognition letter from the employer (if available).

**A. PERSONAL PARTICULARS**

1. Full Name : \_\_\_\_\_ 2. Sex : \_\_\_\_\_

3. I/C No. : (old) \_\_\_\_\_ (new) \_\_\_\_\_

4. Nationality : \_\_\_\_\_ 5. Race : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_ 7. Place of Birth : \_\_\_\_\_

8. Permanent Address :

---

---

---

9. Postal Address : (if different from above)

---

---

---

10. Company : \_\_\_\_\_

11. Company Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Contact No. : (home) \_\_\_\_\_ (office) \_\_\_\_\_  
(mobile) \_\_\_\_\_

13. Fax No. : (home) \_\_\_\_\_ (office) \_\_\_\_\_

14. E-mail : (official) \_\_\_\_\_ (personal) \_\_\_\_\_

## **B. ACADEMIC BACKGROUND**

	<b>Bachelor/Masters/PhD</b>	<b>University/Institution</b>	<b>Year</b>
<b>1.</b>			
	<b>Diploma</b>	<b>University/Institution</b>	<b>Year</b>
<b>2.</b>			
	<b>Certificate/SPM</b>	<b>University/Institution</b>	<b>Year</b>
<b>3.</b>			

Please attach certified copies of relevant certificates.

## **C. WORK EXPERIENCE**

<b>Position</b>	<b>Organisation/Employer</b>	<b>Year</b>

Please attach a recognition letter from your employer (if available).

**D. NEXT OF KIN**

- 1. Name : \_\_\_\_\_
- 2. Relationship : \_\_\_\_\_
- 3. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Contact No. : \_\_\_\_\_

**E. REFERENCES**

- 1. Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact No. : \_\_\_\_\_
  
- 2. Name : \_\_\_\_\_  
Position : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Contact No. : \_\_\_\_\_

## **F. DECLARATION**

I hereby confirm that all statements and evidence submitted by me are true. I understand that University of Malaya Centre for Continuing Education reserves the right to reject or withdraw this offer at any time if the statements and evidence given by me are false.

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

Applicant's signature : \_\_\_\_\_

## **G. VERIFICATION (if applicable)**

I fully support this application and agree to give my co-operation to the applicant to attend this course, if successful.

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

\_\_\_\_\_  
**Employer/Head of Department's signature**

Name:

Position:

Official Stamp: