



certificate in healthcare facility management



Application Form

A. PERSONAL INFORMATION

Full Name (as per NRIC)

NRIC Number

Date of Birth

Telephone Number

Email Address

Gender

Male

Female

Marital Status

Single

Married

Citizenship

Religion

Address

Postcode

City

State

Country



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B. WORKS INFORMATION

Designation

Current Company Name

Address

Postcode

City

State

Country



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C. CAREER INFORMATION

Name of Organisation	Position Held	Years (From – To)

D. EDUCATION INFORMATION

Name of Institution	Qualification Awarded	Year



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E. FINANCIAL SUPPORT

 Personal Finance Bank Loan Company Sponsor Others (Please specify)

F. EMERGENCY CONTACTS

Full Name

Relationship

Telephone Number

G. ACKNOWLEDGEMENT

I hereby acknowledge that all the information provided above is true and has not been willfully distorted. Should any of this information be found to be untrue or misleading, Finalspot & IIUM reserve the right to take any action as it deems necessary – including dismissal. I also have read and understand the programme and fees structure.

Signature



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Application Checklist

A complete application package should consist of the following items (please tick):

- Copy of IC/Passport *
- Copy of diploma and transcripts *
- Letter / documents from sponsor (if any)
- Original bank-in slips for a non-refundable registration fee *
- Other relevant documents (if any)
- 1x passport-sized photograph (soft copy, white background) *

* Compulsory

Important Notes

1. Please submit the completed application form before the deadline. Applications received after the deadline will be processed for the next following intake.
2. Please send the soft copy of your photo with your full name as the SUBJECT to our email : **fsb@finalspot.org**
3. A non-refundable registration fee of RM100.00 will be charged. Please bank-in RM100 into account of Finalspot Sdn. Bhd. – in Maybank, account no. 5144-2220-0360.

Upon completion, the form should be return to:

Soft Copy

Please email the soft copy to **fsb@finalspot.org** with subject **Registration for CHFM (Your Name)**.

Original Form

Professional Leadership & Training Division
IIUM Academy, KICT Building, Block E,
International Islamic University Malaysia,
Jalan Gombak, 53100 Kuala Lumpur.