



T 06/2018

La Embajada de Malasia saluda muy atentamente a la Honorable Embajada de la República de Colombia en Lima y tiene el honor de informar que el Gobierno de Malasia, a través de su Programa de Cooperación Técnica de Malasia (MTCP), estará ofreciendo el siguiente curso:

- i. **Epidemiological Intelligence and Management Programme (EIMP)**, del 1 al 19 de octubre de 2018. Fecha límite de envío de formularios: 25 de julio de 2018.

A este respecto, la Embajada de Malasia quisiera solicitar su cordial asistencia en la recomendación de participantes que estén interesados en cualquiera de los cursos antes mencionados. Se envía adjunto mayores detalles como referencia y para su gentil distribución a los ministerios y agencias competentes. Sírvasse llenar los formularios de postulación para cualquiera de los cursos y devolverlos a esta Embajada antes de la fecha límite indicada para cada curso.

Asimismo, la Embajada quisiera reiterar que todas las postulaciones deberán ser validadas por el Ministerio de Relaciones Exteriores de Colombia, tal y como se encuentra establecido en la página 8, punto 11 del formulario de postulación.

En caso de consultas, no dude en contactarse con la Embajada de Malasia a través de nuestros correos [mwlina@kln.gov.my](mailto:mwlina@kln.gov.my), o vía telefónica al 4411939 o 4220297. Para mayor información sobre el curso, visite la página [www.mtcp.kln.gov.my](http://www.mtcp.kln.gov.my).

La Embajada de Malasia se vale de esta oportunidad para extender a la Honorable Embajada de la República de Colombia en Lima las seguridades de su más alta y distinguida consideración.

Lima, 18 de mayo de 2018



A la Honorable  
Embajada de la República de Colombia  
LIMA







Please affix  
passport  
size  
photograph

## APPLICATION FORM

### SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please type or write clearly in capital letters. Do not leave  
any space blank. Use "NIL" or "N/A" where applicable

#### FOR OFFICIAL USE ONLY

Reference no : \_\_\_\_\_  
Received : \_\_\_\_\_  
Checked : \_\_\_\_\_

<b>TITLE OF COURSE:</b>	Date of commencement:
<b>NAME OF IMPLEMENTING AGENCY :</b>	

#### 1. PERSONAL DATA

Family Name (surname) :	Date of birth : Day   Month   Year
First Name :	Nationality ( citizenship ) :
Other Names :	Gender : Male / Female #
City and country of birth :	Marital status : Single / Married #
Passport No :                      Type of Passport:	Religion :
Expiry Date:	

# Delete accordingly

#### 2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address :	Applicant's Postal / Home Address :
Mobile Phone Number Country   Area   Number	Home telephone Country   Area   Number
Office telephone Country   Area   Number	Telefax Country   Area   Number
Email	
Person to be contacted <b>in case of emergency</b> : Name : _____ Telephone : _____ Mobile Phone Number: _____ Address : _____ Email : _____	

**NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted**

**3. EDUCATION (list in order of time, starting with latest/most recent institution attended)**

Name of institution and place of study	Major field of study	Years of study : from - to	Degree

#### 4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer :	Employer :
Years of service ( from – to ) :	Years of service (from – to) :
Title of your post/position :	Title of your post/position :
Present salary per month (US Dollars) :	Salary per month (US Dollars) :
Name of supervisor and title :	Name of supervisor and title :
Type of organization : Government / Semi Government / Private / NGO #	Type of organization Government / Semi Government / Private / NGO #
Main functions of organization :	Main functions of organization :
Total number of employees :	Total number of employees :

# Delete accordingly

Description of your work including your responsibility :

Please continue on supplementary pages if necessary



## 5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for applying to this course and how you hope to benefit from the programme.

Please continue on supplementary pages if necessary

Have you participated in any training programme in Malaysia before? : YES / No #

Name of programme

Organizer

Year

Have you participated in any MTCP training programme in Malaysia before? : YES / NO #

Name of Course

Name of Training Institute

Year

# Delete accordingly

## 6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					

Mother tongue : \_\_\_\_\_

Language test administered by : \_\_\_\_\_

Title : \_\_\_\_\_

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

Tel Number : \_\_\_\_\_

Email : \_\_\_\_\_

Date and signature : \_\_\_\_\_

**7. MEDICAL REPORT (to be completed by an authorized physician)**

Name of Applicant:			
Age:	Gender:	Height: cm	Weight: kg
<b>Blood Pressure:</b>			
Blood Group: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Other ( )			
Is the person examined at present in good health?		Is the person examined physically and mentally able to carry out intensive training away from home?	
Is the person free of infectious diseases (AIDS, tuberculosis, trachoma, skin diseases etc.)?		Does the person examined have any condition or defect (including teeth) which might require treatment during the course?	
List any abnormalities indicated in the chest X ray.		Pregnancy Test ( for women ):	
<p>I certify that the applicant is medically fit to undertake a course in Malaysia.</p> <p>Name of Physician : _____</p> <p>Address of Clinic : _____ (printed) _____</p> <p>Telephone : _____ (printed) _____</p> <p>Email : _____ Date : _____</p> <p>Signature of Physician : _____ Seal of Clinic : _____</p>			



## 8. APPLICANT'S DECLARATION

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of applicant Representing Country

Declare that:

- a) All information provided is true, complete and accurate to the best of my belief and knowledge, and that I have not wilfully suppressed any material facts;
- b) I am medically fit and free from any medical problems which may impair my ability to attend and complete the training in Malaysia;
- c) I will be personally liable for **all** medical expenses due to pre-existing conditions/illnesses incurred during my stay in Malaysia after my admission to any Malaysian government hospitals/clinics, and also other than those covered under the Group Personal Accident Insurance. (All successful participants are covered under Group Personal Accident. The Group Personal Accident does **not** cover any pre-existing conditions/illnesses or any outpatient medical/dental treatment. Participants are personally liable for medical expenses beyond what is covered by the insurance policy. **As the coverage is limited, participants are advised to make their own arrangements to obtain adequate medical insurance coverage for their stay in Malaysia;** and
- d) For pregnant female applicants only: I am \_\_\_\_\_ months pregnant and am/am not certified by a qualified doctor to be medically fit and in good health to travel and attend the training in Malaysia

Upon successful selection for the training award, I undertake to:

- a) carry out instructions and abide by such terms and conditions as may be stipulated by the nominating and host governments in respect of this training course;
- b) abide by the rules and regulations of the training institution in which I undertake to study in or be trained under;
- c) submit/present any report which may be required;
- d) refrain from engaging in political activities and any form of employment for profit or gain;
- e) return to my home country upon completion of the training; and
- f) discontinue the course should I be found guilty of misconduct or be medically unfit.

I fully understand that if I fail to comply with the terms and conditions of the training award, and/or any of the above declarations are found to be untrue, the award will be terminated with immediate effect and I will be liable to depart from Malaysia at my own expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant

9. TO: GOVERNMENT OF MALAYSIA

**LETTER OF INDEMNITY**

I \_\_\_\_\_, Passport Number: \_\_\_\_\_ having an address at \_\_\_\_\_, hereby declare that I shall be personally liable for and shall indemnify the Government of Malaysia and \_\_\_\_\_ against all liabilities, claims, losses, demands, actions, suits, proceedings, costs or expenses, in part/total, whatsoever arising under the laws of Malaysia or common law which may be made or taken against the Government of Malaysia and/or \_\_\_\_\_ or incurred or become payable by the Government of Malaysia and/or \_\_\_\_\_ in respect of any medical illness, personal injury (whether fatal or otherwise), or the death of any person, by reason of my carelessness, negligence, omission or default, in the course of my training with \_\_\_\_\_ which is appointed by the Government of Malaysia.

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_\_

Signature of applicant )  
Name of applicant )  
Date )

In the presence of  
Signature of Witness )  
Name of Witness )  
Designation of Witness )  
I/C or Passport No. )



**10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

Reasons for applicant's selection

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The post which the applicant will be required to fill upon satisfactory completion of training

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Relevance of the course to applicant's job

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**11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT**

**OFFICIAL DECLARATION**

On behalf of the Government of \_\_\_\_\_, I \_\_\_\_\_  
Country Name of Official

Certify that :

- a) I have examined the educational, professional or other certificates quoted by the applicant in this form and I am satisfied that they are authentic and relate to the applicant
- b) The applicant is medically fit and free from infectious disease and that, having regard to his/her physical and mental history, there is no reason to suppose that the applicant is other than fit to undertake the journey to Malaysia and to remain in Malaysia for the duration of training;
- c) Should the nominee seek medical consultation/treatment for his/her pre-existing conditions/illnesses during his/her period of stay in Malaysia, he/she would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; an
- d) The applicant has attained a level of proficiency in both spoken and written English to enable him/her to follow the course of study/training for which he/she is being nominated.

I nominate ( Dr/Mr/Mrs/Ms\* ) \_\_\_\_\_ holding Passport No.: \_\_\_\_\_  
for the training course.

\_\_\_\_\_  
Name and Designation

\_\_\_\_\_  
Signature and Official Stamp

\_\_\_\_\_  
Name and Organisation

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

\_\_\_\_\_  
Email address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

Endorsement by the nominating country's Ministry of Foreign Affairs or the National Focal Point for Technical Assistance:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email Address

( Ministry's Official Stamp )

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Name of Organisation

\_\_\_\_\_  
Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Country code Area code Office tel no.

**NOTE : This application form should be duly completed and endorsed by the Ministry of Foreign Affairs or the National Focal Point for Technical Assistance in your country. Forms which are incomplete or not endorsed will not be accepted**



## ABOUT MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

The MTCP was established in 1980 with the aim of providing technical assistance to participating developing countries. It consolidates various forms of technical cooperation in areas where Malaysia has the experience and the expertise.

Annually, MTCP collaborates with its leading Training Institutions to conduct capacity building programme in various key areas of development. Since its inception in 1980, more than 32,800 participants from 143 recipient countries have benefited from the various programme offered under the MTCP.

For more information on MTCP please visit <http://mtcp.kln.gov.my> **MTCP-COM**

## MTCP OBJECTIVES

- To share development Malaysia's experience with other countries;
- To strengthen bilateral relations between Malaysia and other developing countries;
- To promote South-south Cooperation (SSC);
- To promote technical cooperation among developing countries (TCDc).

## OFFICERS CONTACT DETAILS

**Dr Sunita Shanmugam**  
Email: [drsunita.s@moh.gov.my](mailto:drsunita.s@moh.gov.my)

**Dr Nor Haniza Zakaria**  
Email: [dnorhaniza\\_zakaria@moh.gov.my](mailto:dnorhaniza_zakaria@moh.gov.my)

**Dr Nik Dewi Delina bt Nik Mohd Kamil**  
Email: [drdelina@moh.gov.my](mailto:drdelina@moh.gov.my)

## ABOUT INSTITUTE FOR HEALTH MANAGEMENT (IHM)

Institute for Health Management (IHM) is one of the 6 institutes under the umbrella of National Institute for Health (NIH), Ministry of Health Malaysia. Our core business is research, training and consultancy related to health management. Moving forward as a premier learning organization, IHM has conducted local and international training for various healthcare service providers' professional development.

As a research and training institute for Ministry of Health Malaysia, IHM plays a prominent role in the enhancement of healthcare services and optimizing resources through research, training and consultancy into areas pertaining to patient satisfaction, human resource management, efficiency and quality service performance.

Our targeted participants are professionals, mid-level managers and supervisors from the Ministry of Health.

## TARGET PARTICIPANTS

Professionals working in :

- public health organizations,
- disease control agencies
- field environment

who seek to acquire knowledge on how to gather epidemiological intelligence in field and to manage them effectively.



## MALAYSIAN TECHNICAL COOPERATION PROGRAMME EPIDEMIOLOGICAL INTELLIGENCE AND MANAGEMENT PROGRAMME (MTCP-EIMP)



Organized By:



INSTITUTE FOR HEALTH MANAGEMENT  
MINISTRY OF HEALTH MALAYSIA

1—19 October 2018



## EPIDEMIOLOGICAL INTELLIGENCE AND MANAGEMENT PROGRAMME

### COURSE OBJECTIVES

1. Share Malaysian experience in developing and managing disease surveillance system of the country
2. Enhance epidemiological knowledge and skills in managing crisis and disease outbreak
3. Enhance knowledge and skill for developing Strategic Plan
4. Strengthen smart partnership within the South-south Cooperation countries

### COURSE OVERVIEW

#### Disease Surveillance System

- Surveillance of infectious disease in Malaysia
- Communicable disease surveillance and respond system
- Monitoring and evaluation

#### Managing crisis and disease outbreak

- Crisis preparedness and response centre
- Epidemiology methods in disaster management
- Risk communication
- Rapid need assessment
- Post crisis management

#### Developing strategic plan for disease Control

- ⇒ Understand the country health needs and way forward
- ⇒ Disease burden of the country
- ⇒ Situational and gap analysis
- ⇒ Benchmarking for best practices

### PREPARATION FOR COUNTRY PAPER

- ⇒ Successful applicants will be required to prepare a country paper
- ⇒ A 10 minute presentation (Power Point) will be required from each country during the programme
- ⇒ The country paper include a participants expectations and plan of action for further collaboration

### ENTRY REQUIREMENT

- Medical degree or degree in Health related Science Discipline
- 3 years or more work experience in public health
- Age between **26 to 50** years old
- Good proficiency in English Language (written and spoken)
- Nominated by the government
- Medically fit
- Valid international passport (6 months)

**CLOSING DATE 31 JULY 2018**

### SUCCESSFUL PARTICIPANTS

- Successful participants are advised to arrange for their own visa and vaccination prior to their travel and the expenses will be borne by them
- Successful participants are also required to submit a coloured copy of the first page of their valid passport to the officers in charge of the programme for immigration processing.

### APPLICATION GUIDELINES

Application must be made via the application form attainable from the Malaysian Embassies in the applicant's respective countries or online.

Application must be completed and **endorsed** by **The Ministry of Foreign Affairs/ Focal Points** responsible for the MTCP

programme in the applicant's country.

Endorsed forms must be **submitted** through the applicant's government to the **Malaysian Embassies** in their respective countries.

Applications sent directly to the institute will not be processed.

It is **MANDATORY** for all MTCP participants to follow **VISA WITH REFERENCE (VWR)** application procedure **BEFORE** leaving their respective countries.

**\*Incomplete and/or unendorsed Forms WILL NOT be Processed\***

#### Other Information

- Allowances will only be paid after arrival in Malaysia.
- A return air ticket from the capital city of the recipient country to Kuala Lumpur on economy class is provided for the participants.
- Single room accommodation will be provided within IHM **for participants only**
- Dress code during the course: formal
- House rules will be briefed upon arrival