

APPLICATION FORM

PRODUCTIVITY SPECIALIST SCHEME

CB
MPC (CB) C9/CP1/ F.01

For MPC-CB Use
Applicant Reference:

Attach
passport-sized
photograph

Please complete all fields and where sections are not applicable, please indicate "N.A.". All supporting documents, and cheque/ proof of payment of application and examination fees must be submitted together with your application. Incomplete applications shall not be processed. Please contact the secretariat at email: sec-cb@mpc.gov.my, should you have any enquiries.

APPLICANT PERSONAL PARTICULARS			
Full Name: (as in NRIC / Passport)			
Nationality:		Country of Birth:	
NRIC / Passport No.:		Date of Birth:	
Gender:			
Correspond Address:			
Home Phone:		Mobile Phone:	
Business Phone:		Email Address:	

*EMPLOYMENT BACKGROUND (List most recent employment <u>FIRST</u>)			
Name of Company	Position	Period (YYYY)	
		From	To

*Please attach your Curriculum Vitae.

EDUCATIONAL & ACADEMIC BACKGROUND (List most recent qualification <u>FIRST</u>)			
Name of Educational Institution	*Education Level Attained	Period (YYYY)	
		From	Till

*Please attach copies of all certificates with your application.

PROFESSIONAL CERTIFICATION				
Name of Organization / Certification Body	*Certification	Year Joined	Validity (MM_YYYY)	
			From	Till

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**Please attach copies of all relevant certificates with your application.*

APPLICANT'S AREA OF INDUSTRY EXPERIENCE (Tick ✓ where applicable)			
☐	Digital Productivity	☐	Private Healthcare
☐	Chemicals and Chemical	☐	Tourism
☐	Professional Services	☐	Agro-food
☐	Others (specify):		

APPLICANT'S AREA OF PRODUCTIVITY EXPERTISE (Tick ✓ where applicable)	
1. Applicants must have knowledge and experience in productivity diagnosis technics.	
2. Applicants must have knowledge and understanding of at least eight (8) Productivity Solution under the categories of Basic and Focus Productivity Improvement Solution.	

PRODUCTIVITY DIAGNOSIS			
☐	Productivity Measurement	☐	Malaysia Business Excellence Framework (MBEF)
☐	Organization Climate Survey	☐	Others, please specify:

BASIC PRODUCTIVITY IMPROVEMENT SOLUTIONS			
☐	5S	☐	Innovative and Creative Circle (ICC)
☐	Industrial Engineering	☐	Labour Management Relation
☐	Others, please specify:		

FOCUS PRODUCTIVITY IMPROVEMENT SOLUTIONS			
☐	Balanced Scorecard	☐	IOT (Internet of Things)
☐	ISO 9000	☐	ISO 14000
☐	ISO 22000	☐	Material Flow Cost Accounting
☐	Statistical Process Control	☐	Business Excellence
☐	LEAN Management	☐	TPM (Total Productive Maintenance)
☐	Public Sector Productivity	☐	Six Sigma
☐	Business Process Re- engineering	☐	Change Management
☐	Branding	☐	Knowledge Management
☐	Human Resource Management	☐	Smart Manufacturing
☐	Supply Chain Management	☐	Strategic Management
☐	Others, please specify:		

NOTE: A copy of the training certificates must be attached to every checked box.

APPLICANT'S SERVICES (Tick ✓ where applicable)			
☐	Consultancy	☐	Research
☐	Training		☐
☐	Promotion		

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PRODUCTIVITY WORK EXPERIENCE						
Note: You must have completed at least 200 hours on productivity activities (<i>consultancy, training, promotion, and/or research</i>) in the last 12 months .						
1. Name of Client Company 2. Title of Assignment/ Project	1. Contact Person 2. Contact Number 3. Email	Duration of Assignment <i>(in the last 12 months. eg; June 2019 to June 2020)</i>	Your Team Size	Hours Spent by Team (hours)	Your Role in Assignment	Hours Spent by Yourself (Hours)
Total Projects Hours (minimum of 200 hours in the last 12 months):						

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PRODUCTIVITY IMPROVEMENT PROJECTS			
DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken): You are required to submit TWO different Productivity solutions undertaken.			
FIRST PROJECT			
Client Company:			
Title of Project:			
Project Period:			
Contact Person:		Title/Position:	
Email Address:		Phone No.:	
Your Team Size:		Hours Spent by Team:	
Your Project Role:		Hours Spent by You:	
Type of project: ☐ Consultancy ☐ Training ☐ Research ☐ Promotion			
Major Problems Encountered 1. Diagnostic Tool/s used 2. Please support with data, if any	Problem Resolutions 1. Objective to achieve 2. Productivity tool/s used for solution	Impact to Client 1. Please briefly report the implementation impact to the client (e.g., sales, or value creation such as time savings or cost savings) 2. Please attach client’s testimonial	
Additional Information (if any):			

Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

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SECOND PROJECT			
Client Company:			
Title of Project:			
Project Period:			
Contact Person:		Title/Position:	
Email Address:		Phone No.:	
Your Team Size:		Hours Spent by Team:	
Your Project Role:		Hours Spent by You:	
Type of project: ☐ Consultancy ☐ Training ☐ Research ☐ Promotion			
Major Problems Encountered 1. Diagnostic Tool/s used 2. Please support with data, if any	Problem Resolutions 1. Objective to achieve 2. Productivity tool/s used for solution	Impact to Client 1. Please briefly report the implementation impact to the client (e.g., sales, or value creation such as time savings or cost savings) 2. Please attach client’s testimonial	
Additional Information (if any):			
(To use separate piece/s of paper if necessary.)			

NOTE: Please provide softcopy of original project documents (project reports, slides, etc.) for verification during interview.

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APPLICANT DECLARATION

I declare that:

1. The information provided for the certification of PS and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts.
2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law.
3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice.
4. I am not presently, nor have I been within the past three years, the subject of any client's complaint filed with a past project works.
5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by a any professional association.
6. I have not been debarred from any government schemes/programmes, etc. I acknowledge and agree that the MPC-CB reserves the right to ascertain the applicant's claims with relevant parties (e.g. government agencies, associations, client contacts, etc.)
7. I am agreeable that the MPC-CB has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents in this application.
8. I hereby agree that MPC-CB may collect, obtain and store my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to MPC-CB.

Upon being certified as a Registered Productivity Specialist:

9. I shall abide by the MPC-CB Code of Professional Conduct and will be subjected to any disciplinary actions by MPC-CB if I breach the conditions stated in the Code of Professional Conduct.
10. I shall inform MPC-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements.

If applicable only:

11. If you have any **Special Requests/ Needs** to be accommodated by the MPC-CB to be a Certified Productivity Specialist, please provide details (with reasons) as follows. Otherwise, please indicate "N.A.".

(To use separate piece/s of paper if necessary.)

Name of Applicant:

Signature:

NRIC / Passport No.:

Date:

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Checklist of Application Documents Submission:

- | | |
|--|--------------------------|
| Completed and signed application form. | ☐ |
| Recent passport-sized photograph (digital copy is acceptable). | ☐ |
| Copies of education or academic certificates. | ☐ |
| Certificate of Attendance of Productivity Courses by MPC / APO or equivalent. | ☐ |
| Copies of professional certifications. | ☐ |
| Copy of Curriculum Vitae (CV). | ☐ |
| Results slip of Exam or equivalent. | ☐ |
| Cheque of RM550 for application and examination fees. | ☐ |
| 2 originals of written positive client testimonials for projects undertaken in the last 24 months
(Scanned copies can be submitted via email. Originals shall be handed over to the Secretariat
at time of the interview.) | ☐ |

Please email the completed Application Form, supporting documents, and proof of payment to sec-cb@mpc.gov.my.

Payment can be made via Electronic Fund Transfer (EFT) to the following account:

Bank Name: **MAYBANK ISLAMIC BERHAD**
Account Name: **MALAYSIA PRODUCTIVITY CORPORATION**
Account Number: **564164438566**

Alternatively, you may submit all application documents in hard copy to the MPC-CB Secretariat.

Please note that the remaining balance of the fee must be paid upon completion of the second phase of the assessment, the Face-to-face Assessment.