MALAYSIAN TECHNICAL COOPERATION

BACKGROUND

vision of training in various areas which are essential for a ernment Meeting (CHOGM) for Asia Pacific Region in Sydney in February 1978. It was officially launched on 7 September 1980 at the Commonwealth Heads of State Meeting n New Delhi to signify Malaysia's commitment to South-South Cooperation, in particular Technical Cooperation sises the development of human resources through the procountry's development such as public administration, good governance, health services, education, sustainable development, agriculture, poverty alleviation, investment promotion, ICT and banking. More than 100 programmes are offered by 79 MTCP training institutions, many of which are centres of excellence for training. Since its launching, more than 29,000 participants from 140 countries have benefited was first initiated at the First Commonwealth Heads of Govamong Developing Countries (TCDC). The MTCP empha-The Malaysian Technical Cooperation Programme (MTCP) from the various programmes offered under the MTCP.

OBJECTIVES OF MTCP

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

TYPES OF ASSISTANCE

- Short-term specialized courses
- Long-term courses (Scholarships)
 - Study visits and attachments
- Service of experts
- Socio-economic development projects
- Supply of equipment and materials

DEPARTMENT OF IRRIGATION AND DRAINAGE

projects. It has accumulated vast and valuable experiences The Department of Irrigation and Drainage (DID) Malaysia has a long history in the development and management of irrigation on paddy cultivation. It was established in the year 1932 primarily to improve rice production in the The responsibilities of DID cover planning, design, construction, commissioning and subsequent management, operation and maintenance of irrigation over the years in this field of irrigation engineering. country.

operation and maintenance in drainage schemes, river Besides irrigation, the DID is now also responsible for the implementation of water resources development projects. The scope of work covers planning, design, construction, engineering, coastal engineering, flood mitigation and water resources assessment and hydrology

CONTACT DETAILS

respective Malaysian official representative or email to the For further enquires, applicants can either approach their following address:

Director,

Human Capital Development Institute Central Zone,

(Human Capital Development Division) Department of Irrigation and Drainage

Km 7, Jalan Ampang,

68000 AMPANG, Kuala Lumpur, Malaysia.

Contact person:

Ms. Siti Khadijah binti Abd. Rashid : +603-4289 5462

: +603-4256 2619

: sitikhadijah@water.gov.my E-mail

ipmitengah@water.gov.my Website: http://www.water.gov.my



MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP) 2015

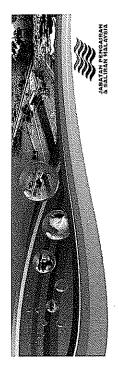
6TH INTERNATIONAL COURSE ON FLOOD MITTIGA-**110N AND STORMWATER MANAGEMENT 2015**

17-28 AUGUST 2015

brought to you by



DEPARMENT OF IRRIGATION AND DRAINAGE









6TH INTERNATIONAL COURSE ON FLOOD MITIGATION AND STORMWATER MANAGE-MENT 2015

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COURSE DURATION

The course shall be conducted over period 0f 12 days 17 to 28 August 2015

NUMBER OF PARTICIPANTS: 20 Persons

MEDIUM OF INSTRUCTION : English

ENUE

The course will be conducted at the Department Of Irrigation and Drainage Malaysia, Kuala Lumpur. Facilities for the course will be provided by the said institution.

OBJECTIVE

To enable the participant to understand the concept of the flood mitigation and stormwater management and current knowledge and technology in runoff quantity & quality control and erosion control.

KEY TOPICS

- Flood Forecasting And Warning System In Malaysia
- Flood Forecasting Model
- Operational Flood Forecasting And Warning System
- River Management And Restoration In Malaysia Clean Living And Vibrant River
- Integrated River Basin Management (IRBM) And River Basin Information System
 - Flood Hazard Map
- Planning And Design Of Flood Mitigation Measures
- Urban Stormwater Management In Malaysia (MSMA)
- Erosion And Sediment Control (ESC) & Best Management Practices
- Case Study River Of Life
- Site Visit

COURSE METHODOLOGY

The course will be conducted through:

- Lectures
- Hands On/Practical Work
- Field/Study Visits

This Course will be conducted in English

TARGET PARTICIPANTS

This course meets the needs of those policy maker working in:

- Engineers with more than 5 years experience from local authorities or engineering organizations in such countries.
 - To be from government agencies and institution related to flood management and stormwater management.
 - To have undergone tertiary education of at least post school certificate or basic university education
 - Have a good command of spoken and written English.
 - To be certified medically fit to participate in the course.
 - Below 45 years age.

QUALIFICATION

- Nominated by their Government
 - Below 50 years of age
- Proficient in spoken and written English
- Medically fit to attend the course
- Possess a valid passport
- Has not participated in any course under MTCP

TERMS AND CONDITIONS OF SCHOLARSHIP/FELLOWSHIP AWARD UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME

(CERTIFICATE AND OTHER SHORT COURSES)

GENERAL CONDITION OF AWARDS

Participants shall conduct themselves at all times in a manner compatible with their responsibilities as MTCP scholarship holders and abide by the laws, rules and regulations of MTCP and DID. Participants shall follow the programme approved for them. Participants are NOT allowed to:

- Leave Malaysia during the Course, or
- To bring along their spouses or families throughout the duration of the course

PARTICIPANTS SHALL ABIDE BY THE TERMS AND CONDITIONS OF THE MTCP

TUITION FEES

Tuition fees will be borne by the Malaysian Government.

VISA & VACCINATION

Successful participants are advised to arrange for their own visa and vaccination prior to their travel, in which the expense to obtain such requirement should be borne by them. Successful participants are required to submit a colored photocopy of the first page of their valid passport to the program organizer for immigration processing.

MEDICAL AND DENTAL TREATMENT

Expenses for medical and dental treatment in government hospitals/ clinics will be borne by the Government of Malaysia. Dental treatment is restricted to extraction and filling only. Candidates should be certified medically fit to participate under this programme.

PROCEDURE FOR APPLICATION

All applications should be made in the prescribed forms and supported by a medical report. The applications must also be endorsed by the participating countries through the respective Ministry of Foreign Affairs/Local points. Subsequently, the respective Ministry of Foreign Affairs/Local points will forward the completed forms to the relevant Malaysian Mission.

Applicants will be notified of their acceptance to the course either through the Malaysian Mission or the Training Institution.

CLOSING DATE OF APPLICATION:

15 MAY 2015

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Please affix passport photograph

APPLICATION FORM

TITLE OF COURSE:

Family Name (surname):

City and country of birth:

1.

First Name:

Other Names:

Passport No:

Delete accordingly

NAME OF IMPLEMENTING AGENCY:

PERSONAL DATA

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	OFFICI	AL I	USE	ONLY

	Refer Recei Che		:				
		-					
Date	of comm	encement:					
Date	of birth:					· ·	
Day		Month tizenship)	:		Year		
Gend Male	er : / Female	#				***************************************	
Marit	al status :	,	~~~~				
	e / Marrie	d #					
Religi	on:						
Applio	cant's Pos	tal / Home	Adc	Iress	:		

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office	Address:			Applicant's Post	al / Home	Address:	
				-			
			•	-			
Management of the Control of the Con				Home telephone	2	•	
					Country	Area	Number
Office telephone		Telefax		Email			
Country Area	Number	Country Area	Number				
)	tacted in case of e r	nergency :					
Name	*				•		
Telephone			Mobile Phone	Number:			<u> </u>
Address	:						
Email	*						

3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study : from - to	Degree	
	Prajor ricia or study	110111 - 10	Degree	
		- Annual		
4. EMPLOYMENT RECORD				
THE CHILITER RECORD				
A. Present or most recent post		B. Previous post		
Employer:		Employer:		
Years of service (from – to) :		Years of service (from – to)):	
T-11 - 5 1/- 11				
Title of your post/position :		Title of your post/position :		
Present salary per month (US Dollars) :		Salary per month (US Dolla	rs):	
,,			, .	
Name of supervisor and title :		Name of supervisor and title	:	
Type of organization :		Type of organization		
Government / Semi Government / Private	e / NGO #	Government / Semi Government / Private / NGO #		
Main functions of organization:		Main functions of organization :		
otal number of employees :		Total number of employees	•	
# Delete accordingly		J		
····				
Description of your work including your re	esponsibility :			
		·		
			nentary pages if necessary	

5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reason	ons for applying to this course and how you hope t	to benefit from the programme.
	;	
		,
	Please o	ontinue on supplementary pages if necessar
Have you participated in any	training programme in Malaysia before? : YES / No	o #
Name of programme	Organizer	Year
Have you participated in any	MTCP training programme in Malaysia before? : Yl	ES / NO #
Name of Course	Name of Training Institute	<u>Year</u>
	•	
# Delete accordingly		

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

	Excellent	Good	Fair	Basic	Remarks
Listening	ſ	l i		l l	
Speaking		j j		l l	
Writing		Γ			
Reading			F		
Mother tongue :			·		
Language test admir	nistered by				
Title		*	·····		
Address		:			
Tel Number		J. WARRAGE AND A			
E mail		# *		***************************************	_
Date and signature		:			

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

Name of Applicant:						
Age:	Sex	:	Height:	ст	Weight:	kg
Blood Pressure:		and and an artist of the state				·
Blood Group:] A [В Г	AВ Г О		ther (
Is the person examined a	at present	in good health?		examined physi sive training av		
						• •
Is the person free of infe	ctious dise	ases (AIDS,	Does the perso	on examined ha	ive any conditio	on or defect
tuberculosis, trachoma, s	kin diseas	es etc.)?	(including teet course?	h) which might	require treatm	ent during the
			THE STATE OF THE S			
List any abnormalities inc	licated in t	he chest X ray.	Pregnancy Tes	t (for women)	1:	
			mare e existence).			
			-			
I certify that the applican	t is medica	ally fit to undertake a co	urse in Malaysia.		44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
Name of Physician	:					
Address of Clinic	:					
(printed)		*				
Telephone	:		· · · · · · · · · · · · · · · · · · ·		·	
(printed) Email	:		Di	ate :		
						-
Signature of Physician	.:		Se	eal of Clinic:		

8. APPLICANT'S DECLARATION

I,			_ of	
•	Name of applicant	-	Representing Country	
De	clare that:			
a)	All information provided not wilfully suppressed	is true, complete and ac	occurate to the best of my belief and knowledge, and that I	have
b)	I am medically fit and fre training in Malaysia;	e from any medical probl	olems which may impair my ability to attend and complete th	e
c)	stay in Malaysia after n covered under the Gro	ny admission to any Mal up Personal Accident Ir	nses due to pre-existing conditions/illnesses incurred during laysian government hospitals/clinics, and also other than t insurance. (All successful participants are covered under G t does not cover any pre-existing conditions/illnesses or any	hose
	covered by the insuran	ce policy. As the cove	nts are personally liable for medical expenses beyond wherage is limited, participants are advised to make the dical insurance coverage for their stay in Malaysia; and insurance coverage for their stay in the stay	heir
d)	For pregnant female ap	plicants only: I am	months pregnant and am/am not certified be realth to travel and attend the training in Malaysia	
Upon s	uccessful selection for the	training award, I underta	ake to:	
a)	carry out instructions an governments in respect	d abide by such terms a of this training course;	and conditions as may be stipulated by the nominating and	host
b)	abide by the rules and require;	julations of the training in	institution in which I undertake to study in or be trained	
c)	submit/present any repo			
	refrain from engaging in p	olitical activities and any	y form of employment for profit or gain;	
e)	return to my home coun			
f)	discontinue the course sl	nould I be found guilty of	f misconduct or be medically unfit.	
abo	ully understand that if I fa ove declarations are found depart from Malaysia at m	I to be untrue, the awar	terms and conditions of the training award, and/or any of rd will be terminated with immediate effect and ${f I}$ will be lie	the able
	Date		Signature of applicant	

9. TO: GOVERNMENT OF MALAYSIA

LETTER OF INDEMNITY			
I	, Passport Number:	hav	ing an address at
	, hereby declare that I shall be p		
Government of Malaysia and	name of the training institute	nst all liabilities, claims,	losses, demands,
	or expenses, in part/total, whatsoever ari		
law which may be made or taken	against the Government of Malaysia and/	or	
or incurred or become payable b	y the Government of Malaysia and/or	name of the training institute	_ in respect of any
of any medical illness, personal ir	jury (whether fatal or otherwise), or the	e death of any person,	by reason of my
carelessness, negligence, omissio	n or default, in the course of my training	Withname of the training institute	which
is appointed by the Government of	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

easons for applicant's se	lection			
:		111-111-1111-1111-1111-1111-1111-1111-1111		
			•	
e post which the applica	nt will be required	to fill upon satisfa	ctory completion of	training
4				
1				-
levance of the course to	applicant's job			
	,			
•				
			•	

11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

OFFICIAL DECLARATION

On I	pehalf of the Government of		. I		
Cert	ify that :	Country		Nam	e of Official
a) b) c)	I have examined the educational, prof satisfied that they are authentic and re The applicant is medically fit and free mental history, there is no reason to s Malaysia and to remain in Malaysia for Should the nominee seek medical consperiod of stay in Malaysia, he would I covered under the Group Personal According	prace to the applifrom infectious of uppose that the the duration of sultation/treatmone personally lia	icant disease and that, h applicant is other training; ent for his/her pn	naving regard to than fit to unde	his/her physical and rtake the journey to
d)	covered under the Group Personal Acc The applicant has attained a level of pi the course of study/training for which i	oficiency in hot	; and h snoken and writt		
I nom	inate (Dr/Mr/Mrs/Ms*)		· holding	Daccoort No :	
for the	e training course.		noung	r assport No.,	
	Name and Designation		Sig	nature and Officia	Stamp
	Name and Organisation		Country code	- Area code	Office tel no.
				,	
	Email address				
			Country code	Area code	Office tel no.
Endorse	ement by the nominating country's Minis	try of Foreign A	ffairs or the Nation	nal Focal Point fo	or Technical Assistanc
	Name	-	***************************************	Email Addre	
			(Ministry's Officia	al Stamp)
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	Designation				
			· · · · · · · · · · · · · · · · · · ·	Name of Organi	sation
•	Signature		·		
				_	:
			Country code	Area code	Office tel no.
				• •-	
			Country cod	e Area code	Office tel no.