

ABOUT MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

The MTCP which was established in 1980 aims at providing technical assistance to participating countries. The programme consolidates various forms of technical cooperation in areas where Malaysia has the experience and the expertise.

More than 100 MTCP Programmes offered by more than 79 MTCP Training institutions. Since its launch, more than 29,000 participants from 140 countries have benefited from the various programmes offered under MTCP.

For more information on MTCP and general conditions of the award, please visit <http://mtcp.kln.gov.my/application/application-procedures>

OBJECTIVES OF MTCP

- To share development 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)

ABOUT MERCY MALAYSIA

The Malaysian Medical Relief Society, better known as MERCY Malaysia, is a medical relief organisation dedicated to providing humanitarian aid in crisis and non-crisis situation irrespective of race, religion, culture and boundary. Under the Royal Patronage of HRH Sultan Azlan Shah, the late Sultan of Perak Darul Ridzuan, MERCY Malaysia was incorporated on 16 September 1999 under the Registrar of Societies Malaysia.

The organisation focuses on several key areas namely health, water sanitation and hygiene (WASH) and disaster risk reduction.

MERCY Malaysia is a founding member and Secretariat of the Asian Disaster Reduction and Response Network (ADRRN). It is also a member of the International Council of Voluntary Agencies (ICVA) and the Humanitarian Accountability Partnership (HAP). MERCY Malaysia subscribes to the Red Cross and Red Crescent (ICRC) International Code of Conduct for Humanitarian Organisations.

In November 2007, MERCY Malaysia became the third international organisation globally and the first Asian organisation to be certified for humanitarian accountability by HAP International.

Over the last decade, the organisation has ascended with volunteer teams sent to disaster-stricken zones throughout Asia, the Middle East, Africa and in Malaysia. As a registered society under the Societies Act, MERCY Malaysia is supported by almost 500 members and approximately 7,000 registered volunteers.



Malaysian Technical Cooperation Programme (MTCP)

2015 Training Course on

Emergency Disaster Response and Recovery

Kuala Lumpur, Malaysia

18-22 May 2015

Organised by:



EMERGENCY DISASTER RESPONSE AND RECOVERY

WHO SHOULD JOIN:

Government officials and Civil Society Organisations (CSOs) who have been involved in disaster response and recovery:

- The ASEAN member countries
- Asian countries

COURSE OBJECTIVES:

1. To understand the principles and issues in international disaster response
2. To enhance participants' ability to respond to disasters in an effective, appropriate and useful manner and to provide accountable assistance that is based on proper assessments.
3. To develop the participants' knowledge of recovery practices following an emergency, integrating the holistic concepts of Total Disaster Risk Management.

COURSE CONTENTS:

1. Essentials for Humanitarian Practice
 - Disaster management principles and framework
 - Minimum standards and indicators
2. Response: Assessment and Coordination
 - Essential components of assessments
 - Assessment team roles and responsibilities
 - SPHERE guideline
 - Information Management

- Reporting procedures
- Simulation exercise
- Response preparedness

3. International Response Coordination Mechanism

- Civil-Military Coordination mechanism
- Cluster system and Coordination mechanism with various stakeholders

APPLICATIONS:

Applications should be made using the prescribed forms and supported by a medical report.

Application forms are available at:

http://mtcp.kln.gov.my/download/cat_view/63/application-forms

Visa & Vaccination: Whenever applicable, participants are advised to arrange for their own visa and vaccination prior to their travel.

NOTE: All applications must be endorsed and submitted by the participating countries through the respective Ministry of Foreign Affairs/focal points.

Closing date for submission: 31 March 2015

ENQUIRIES:

Mr Mohammad Said Alhudzari Ibrahim

Ms Siti Zaleha Abdullah

Email: trainingmtcp@mercy.org.my

MERCY Malaysia

No. 4, Jalan Langgak Golf, Off Jalan Tun Razak
55000 Kuala Lumpur, MALAYSIA

Tel: 6-03-2142 2007

Fax: 6-03-2142 1992

AFFILIATES OF MERCY MALAYSIA



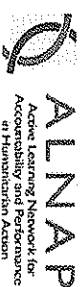
The Asian Disaster Reduction and Response Network (ADRRN)



The International Council of Voluntary Agencies (ICVA)



People in Aid



The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)



Humanitarian Accountability Partnership



Please affix
passport
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 : _____

TITLE OF COURSE:	Date of commencement:
NAME OF IMPLEMENTING AGENCY :	

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 :	Religion :

Delete accordingly

2. COMMUNICATION AND MAILING ADDRESS

Applicant's Office Address :		Applicant's Postal / Home Address :	
		Home telephone	
		Country Area Number	
Office telephone	Telefax	Email	
Country Area Number	Country Area Number		
Person to be contacted in case of emergency :			
Name : _____		Mobile Phone Number: _____	
Telephone : _____			
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 last 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 :	Type of organization
Government / Semi Government / Private / NGO #	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

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mother tongue : _____

Language test administered by : _____

Title : _____

Address : _____

Tel Number : _____

E mail : _____

Date and signature : _____

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

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

Name of Applicant:			
Age:	Sex:	Height: cm	Weight: kg
Blood Pressure:			
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):	
I certify that the applicant is medically fit to undertake a course in Malaysia.			
Name of Physician :			
Address of Clinic (printed) :			
Telephone (printed) :			
Email :		Date :	
Signature of Physician :		Seal of Clinic :	

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 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 period of stay in Malaysia, he would be personally liable for all medical expenses incurred, other than those covered under the Group Personal Accident Insurance; and
- 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