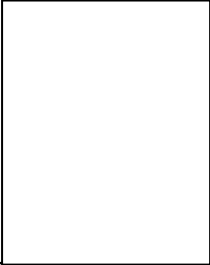




NATIONAL KIDNEY FOUNDATION OF MALAYSIA
 Yayasan Buah Pinggang Kebangsaan Malaysia (Regd. No 659(Sel)

APPLICATION FORM FOR DIALYSIS ASSISTANT COURSE



PERSONAL PARTICULARS:-

Name: (As per NRIC) : _____ NRIC No: (New): _____

Age: _____ Sex: _____ Nationality: _____

Race: _____ Marital Status : _____ Tel / HP of applicant: _____

Name of next of kin: _____ Next of kin H/P No:- _____

Home Address : _____

Place of Work : _____

Tel No: _____ Fax : _____ e-mail : _____

- Hepatitis Status:-**
- i. Hepatitis Bs Ag: _____ (positive / negative)
 - ii. Hepatitis B Ab: _____ (Reactive / non reactive)
 - iii. Hepatitis C Antibody: _____ (Reactive / Non reactive)
 - iv. HIV Ag/Ab -----

**** Please attach photocopies of latest blood results)**

Education: Form 3 Form 5 Higher Levels

Languages:

	Written	Spoken
Bahasa Malaysia		
English		
Others		

*** Please (√) and attach copies of certificates accordingly.**

Referees: 1. Name : _____

Address: _____

Tel / HP No _____

Referees:- 2. Name : _____

Address: _____

Tel / HP No : _____

Haemodialysis Experience:

Name of Dialysis Centres / Hospitals	Year(duration)

Courses Previously Attended:

Name of College/Institution/ University	Year	Certificate Attained

Signature of applicant _____ Date: _____

Endorsement By Officer At Place Of Work

Signature: _____

Name : _____

Designation: _____

Date: _____

Company's Rubber Stamp: _____