OPTIMAL SYSTEMS ENGINEERING SDN BHD

# Training Registration Form

Registration for OPTIMISE Training Programmes

## PART 1 | GENERAL REGISTRATION | PAGE 1 OF 3

Please complete Part 1 for all training programmes and Part 2 for REM training programmes only.

| TRAINING INFORMATION | | | |
|---|---|---|---|
| **Course/Training Title*** | | | |
| ☐ Greenhouse Gas (GHG) Emissions Accounting and Reporting | | | |
| ☐ Concept and Procedure for the Establishment of an Energy Management Systems (EnMS) | | | |
| ☐ Product Carbon Footprint (PCF) | | | |
| ☐ Thermal Energy Recovery Technologist (TERT) - Level 1 | | | |
| ☐ Thermal Energy Recovery Technologist (TERT) - Level 2 | | | |
| ☐ Thermal Energy Recovery Technologist (TERT) - Level 3 | | | |
| ☐ Industrial Thermal Energy Audit and Analysis (ITEA) | | | |
| ☐ Registered Energy Manager (REM) - Type 1 | | | |
| ☐ Registered Energy Manager (REM) - Type 2 | | | |
| ☐ Understanding Energy Efficiency Conservation Act (EECA) & Its Impact on Organization | | | |
| ☐ ..... | | | |
| **Training Date*** | | **Training Venue*** | |
| **Training Mode*** ☐ Physical ☐ Live - Online ☐ Hybrid | | | |
| **Registration Category*** ☐ Individual / Self-Sponsored ☐ Company-Sponsored ☐ Goverment-Sponsored | | | |
| **HRD Corp Grant Inteded?*** ☐ Yes ☐ No ☐ Not Applicable | | | |
| **PARTICIPANT DETAILS** | | | |
| **Full Name** (as per Identification Number)* | | | |
| **Identification/Passport Number*** | | | |

Please complete Part 1 for all training programmes and Part 2 for REM training programmes only.

| | | | |
|---|---|---|---|
| **Primary Mobile No.*** | | **Primary Email Address*** | |
| **Position/Designation** | | | |
| **ADDITIONAL PARTICIPANT** (IF APPLICABLE) | | | |
| **Full Name** (as per Identification Number)* | | | |
| **Identification/Passport Number*** | | | |
| **Primary Mobile No.*** | | **Primary Email Address*** | |
| **Position/Designation** | | | |
| **BILLING AND SPONSORSHIP** | | | |
| **Who will be invoiced?*** ☐ Individual ☐ Company / Organisation ☐ Goverment Agency ☐ Use participant details as billing details (for self-sponsored registration only). | | | |
| **Billing Name / Registered Organisation Name*** | | | |
| **Business Registration No.*** | | **Tax Identification No.*** | |
| **SST Registration No.** (if applicable) | | **Billing Contact Name*** | |
| **Billing Address*** | | | |
| **Postcode*** | | **State*** | |
| **Billing Mobile Number*** | | **Billing Email Address*** | |

Please complete Part 1 for all training programmes and Part 2 for REM training programmes only.

## KEY TRAINING TERMS

• **Registration.** A place is confirmed only when OPTIMISE accepts the registration and communicates the confirmation.
• **Fees and payment.** Fees are payable as stated in the OPTIMISE invoice, before training unless another written arrangement is agreed.
• **Cancellation / no-show.** Cancellations made less than seven (7) working days before the training date, or failure to attend without prior notice, will incur 100% of the course fee, which is non-refundable if already paid and remains payable if outstanding.
• **Substitution.** Participant substitution is permitted without additional charge subject to prior written notice and OPTIMISE confirmation.
• **HRD Corp.** The sponsoring employer manages applicable grant applications; grant approval or claim reimbursement is not guaranteed. Responsibility for applicable fees and cancellation charges remains governed by the agreed arrangement and OPTIMISE Training Policy.
• **Attendance and recognition.** Participants must meet applicable attendance and assessment conditions. Training participation does not itself guarantee professional or regulatory registration.

☐ I have read and agree to the applicable training terms and OPTIMISE Training Policy.

## PERSONAL DATA PROTECTION

OPTIMISE processes registration, identity and contact details for enrolment, administration, invoicing, attendance, certification and relevant regulatory or grant reporting. Information may be shared with relevant authorities and service providers where necessary and lawful. Please refer to the full Personal Data Protection Notice for details of retention, access and correction rights.

☐ I acknowledge that I have been provided with or given access to the OPTIMISE Privacy Notice.

## PARTICIPANT DECLARATION AND AUTHORISATION

I confirm that the information and supporting documents I submit are accurate and complete. I understand that additional requirements may apply for programmes involving assessment, accreditation or regulatory registration.

**PARTICIPANT DECLARATION | MANDATORY FOR EVERY PARTICIPANT**

**Participant Full Name* :** _____ **Date (DD/MM/YYYY)* :** _____

**Participant Signature***

_____

**SPONSORING ORGANISATION AUTHORISATION | ONLY FOR SPONSORED REGISTRATION**

The organisation authorises this enrolment and acknowledges the applicable course fees, agreed payment arrangements and cancellation conditions.

**Authorised Representative Name:** _____ **Position / Designation:** _____

**Signature / Company Stamp:** **Date (DD/MM/YYYY):** _____

_____

Send the completed general form and relevant supplement(s) to **training@optimalsystems.my**
Contact: Ms Noor Aizathul Akma | 016-7167248 / 07-5704842 |www.optimalsystems.com

PART 2 | SUPPLEMENT A | REM TYPE 1

# REM TYPE 1 |QUALIFICATION SCREENING

For REM Type 1 & REM 2 applicants. Please submit this form together with Part 1 (General Registration).

**Participant Full Name* :** _____

**Training Date:** _____

## A1 QUALIFICATION PATHWAY

**Proposed Eligibiltiy Pathway***

- ☐ Relevant Diploma / Degree with MQA
- ☐ Board of Engineer Malaysia (BEM) registration
- ☐ Malaysia Board of Technologist (MBOT) registration
- ☐ Board of Architects Malaysia (LAM) registration
- ☐ Not Sure / seek advice

## A2 ACADEMIC QUALIFICATION

**Highest Relevant Qualification***

☐ Diploma ☐ Bachelor's Degree ☐ Master's Degree ☐ PhD

☐ Other qualification: _____

**Name / Title of Qualification*** _____

**Field of Study Specialisation*** _____

**Awarding Institution / Country*** _____

**Date of Qualification*** _____

**Recognition or Accreditation*** (if known)

☐ MQA ☐ Other Recognised Body ☐ Not Sure

## A3 RELEVANT WORKING EXPERIENCE

| | | | |
|---|---|---|---|
| **Total Relevant Experience*** | ____ years ____ months | **Relevant Experience after qualifying*** | ____ years ____ months |

## PART 2 | SUPPLEMENT A | REM TYPE 1

For REM Type 1 applicants only. Please submit this form together with Part 1 (General Registration).

**Main Relevant Experience**

☐ Energy Management ☐ Energy Auditing ☐ Operations / utilities

☐ Energy Efficiency / Conservation ☐ Other: _____

☐ Completed **Working Experience Verification Template** attached, where required.

### A5 SUPPORTING DOCUMENTS

**Documents Attached** (as applicable)

☐ Academic Qualification Certificate ☐ Professional Registration Evidence

☐ Working Experience Verification ☐ Other Relevant Evidence

*Preliminary screening only. ST determines eligibility for REM registration under the applicable legislation and guidance. Completing REM training does not automatically confer ST registration.*

PART 2 | SUPPLEMENT B | REM TYPE 2

# REM TYPE 2 |PRIOR TRAINING RECORD

For REM Type 2 applicants only. Please submit this form together with Part 1 (General Registration).

**Participant Full Name* :** _____

**Training Date:** _____

| B1 REM TYPE 1 TRAINING | | | |
|---|---|---|---|
| **Registered Training Institution (RTI) for Type 1 *** | | | |
| **REM Type 1 Training Date** | | **REM Type 1 Training Certificate Number** | |

| B2 REM TYPE 1 REGISTRATION (IF APPLICABLE) | | | |
|---|---|---|---|
| **Currently Registered with ST as REM Type 1?*** ☐ Yes ☐ No ☐ Application Pending | | | |
| **REM Type 1 Registration No.** | | **REM Type 1 Registration Date** | |
| **Practising Certificate No.** | | **Practising Certificate Expiry Date** | |

**Documents Attached**

☐ REM Type 1 Registration Evidence (if available) ☐ Valid practising certificate (if available)

## B3 APPLICANT ACKNOWLEDGEMENT

I understand that the requirements to attend REM Type 2 training may differ from the requirements for subsequent REM Type 2 registration with Suruhanjaya Tenaga. Further supporting evidence may be requested where applicable.

☐ I confirm that the training and registration information provided above is accurate.

*Important: Completion of REM Type 1 training is required before REM Type 2 training. Subsequent ST REM Type 2 registration involves additional requirements, including the applicable period of Type 1 registration and a valid practising certificate. Refer to the current ST guidance.*

PART 2 | SUPPLEMENT C | REM CDP

# PROFESSIONAL DEVELOPMENT |CREDIT DETAILS

Complete only if credit recording or professional recognition is required. Submit with Part I.

**Participant Full Name* :** _____

**Training Date:** _____

## C1 PROFESSIONAL DEVELOPMENT REQUEST

**Are you applying for CDP for this training?**

☐ Yes ☐ No

## C2 PROFESSIONAL REGISTRATION DETAILS

| | | | |
|---|---|---|---|
| **Practising Certificate No.*** | | **Practising Certificate Expiry*** | |

**For ST REM CDP: REM Category**

☐ REM Type 1 ☐ REM Type 2 ☐ Not Applicable

## C3 CREDIT AND ATTENDANCE INFORMATION

☐ I confirm that my professional registration information is accurate and understand that credits are subject to the applicable scheme and verification requirements.

**Participant Signature** _____

**Date (DD/MM/YYYY)** _____