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

REM|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

For REM Type 1 & 2 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 |CDP

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) _____