



**MALAYSIAN OCCUPATIONAL SAFETY &
HEALTH PRACTITIONERS' ASSOCIATION
(MOSHPA)**



SITE SAFETY SUPERVISOR (SSS) COURSE

SSS Course KL (Full Time) - Intake _____

SSS Course KL (Part Time - Day) - Intake _____

SSS Course KL (Part Time - Night) – Intake _____

Personal Details (*marked column is compulsory to fill in)

Name*: _____ NRIC*: _____

Date of Birth*: _____ Gender*: _____

Nationality*: _____

Correspondence Address*: _____

Permanent Address*: _____

Tel(O): _____ Hanphone*: _____

Email *: _____ CIDB Green Card Expiry Date: _____

Academic Qualifications*

Name of Secondary School/College/University	Year Attended	Qualification Obtained

Professional and Other Qualifications (If Any)

Name of the Awarding Body	Specialisation	Qualification Obtained



**MALAYSIAN OCCUPATIONAL SAFETY &
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(MOSHHA)**



Employment and Experience

Current Employer:	Name of Company*: Address*:	Date of Employment*: Position*:
Previous Employment:	Name of Company:	Date of Employment*: Position*:
	Name of Company:	Date of Employment*: Position*:

My Present Employer is a member of **MOSHHA***: YES / NO

Payment* All cheque should be made payable to: **SHE Academy & Consultancy (M) Sdn. Bhd.**

Acc. No.: **RHB Bank – 2141 9200 045 059**

Cheque/Bank Draft*:

Amount:

Declaration and Signature

I declare that the information provided by me in this application form is true and correct. I acknowledge that **MOSHHA** reserves the right to vary or reserves any decision regarding admission or enrolment made regarding the basis of incorrect or incomplete information. **I am aware that the issuance and approval by DOSH Yellow Book is subject to the discretion of DOSH.**

Signature of Applicant

Date

MOSHHA reserves the right to cancel or postpone scheduled training. Confirmation of class will be notified at least one(1) week in advance from the date of scheduled training.

Kindly return this application form to:

Malaysian Occupational Safety & Health Practitioners' Association (**MOSHHA**)

H/P: 012-202 6786(Mr. KK SHE) 012-343 6786(Mr. CK LIM) 018-220 6786(Ms. Asyikin)

Email Address: sheademy@outlook.com



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(MOSHHA)**



CHECKLIST FOR EMPLOYER / APPLICANT

Confirmation Letter from Current Employer

Applicant Form Signed

One (1) Copy of Certified NRIC

One (1) Copy of Certified CIDB Green Card

Certified True Copy of Certificate/Diploma/Related

Cheque No.: _____

Amount: RM _____