

For Office Use Untuk Kegunaan Pejabat	Date received: Jalan Tarikh diterima: 11/48A	Comment: Komen:	Officer: Pegawai:
	Date: Actions: Description:		



Community Health Care Centre (CHCC) Internship Registration Form

Private & Confidential/ Peribadi & Rahsia

A. Personal Information/Maklumat Persendirian (please print/sila tulis dengan huruf besar)

Name>Nama:	
Contact No./No. Telefon:	Email/Emel:
Address/Alamat:	
Date of Birth/Tarikh Lahir: (dd/mm/yyyy)	Age/Umur: years old/tahun
Identity Card No./ No. Kad Pengenalan:	Nationality/ Kewarganegaraan:
Gender/Jantina: <input type="checkbox"/> M/L <input type="checkbox"/> F/P <input type="checkbox"/> Transgender	Sexual Orientation/ Orientasi Seksual: <input type="checkbox"/> Heterosexual/Heteroseksual <input type="checkbox"/> Homosexual/Homoseksual <input type="checkbox"/> Bisexual/Biseksual <input type="checkbox"/> Others/Lain-lain

Level of Education/ Tahap Pendidikan	
<input type="checkbox"/> Primary or Junior School/ Sekolah Rendah	<input type="checkbox"/> Secondary or High School/ Sekolah Menengah
<input type="checkbox"/> College or University Graduate/ Lulusan Kolej atau University	<input type="checkbox"/> Postgraduate/ Pascasarjana
<input type="checkbox"/> Others (Please specify)/ Lain-lain (Sila nyatakan):	

Employment/Pekerjaan:	<input type="checkbox"/> Employed/Sedang Bekerja	<input type="checkbox"/> Unemployed/Tidak Bekerja	<input type="checkbox"/> Student/Pelajar
	<input type="checkbox"/> Self-employed/Bekerja sendiri	<input type="checkbox"/> Retired/Bersara	

Linguistic Abilities/ Kemahiran Bahasa:						
1 – Good/Baik 2 – Average/Sederhana 3 – Poor/Buruk						
	Speaking proficiency/Kemahiran pertuturan:			Writing proficiency/Kemahiran penulisan:		
Language 1/ Bahasa 1:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Language 2/ Bahasa 2:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Language 3/ Bahasa 3:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Language 4/ Bahasa 4:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Do you have any previous experience in voluntary work? / Adakah anda mempunyai pengalaman kerja sukarela?	
<input type="checkbox"/> Yes/ Ya	<input type="checkbox"/> No (please skip to C) / Tidak (Sila tuju ke C)

Have you ever worked/volunteered in HIV/AIDS related work or organisation? Pernahkah anda berkerja/bersukarela dalam kerja atau organisasi berhubung dengan HIV/AIDS?			
<input type="checkbox"/> Yes, from Ya, dari	(dd/mm/yy)	to ke	(dd/mm/yy) <input type="checkbox"/> No/ Tidak
• Which organisation:			

A. Name of Organisation (you are applying from)

Name of Organisation or Educational Institutional that you are enrolled:

Address of Organisation:	Contact Person/Educational Supervisor:		
	Position:		
	Email:		
	Phone:		
	Fax:		

B. Internship site:

Proposed Start Date Of Internship :

Proposed End Date Of Internship :

Internship Working Hours (please fill up the table below)

	Start Time	End Time	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Hours Work Per Week			

C. Interests & Preferences/ Minat & Kecenderungan

Which target audiences under PT foundation are you interested/ feel comfortable to work with?

- | | |
|---|--|
| <input type="checkbox"/> Transgender (Mak Nyah) | <input type="checkbox"/> Sex Workers/ Pekerja Seks |
| <input type="checkbox"/> Drug Users/ Pengguna Dadah (Ikhlas) | <input type="checkbox"/> People Living with HIV (Positive Living)/
Orang Hidup dengan HIV |
| <input type="checkbox"/> Men who have Sex with other Man (MSM)/
Lelaki yang mengadakan seks dengan lelaki lain | <input type="checkbox"/> Youth/Students
Remaja/Pelajar |
| <input type="checkbox"/> General Public/ Khalayak ramai biasa | |

Which Programme or Centre would you like to do your Internship? Please tick one

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Human Resource/Admin | <input type="checkbox"/> Community Health Care | <input type="checkbox"/> MSM Outreach |
| <input type="checkbox"/> MSM Poz | <input type="checkbox"/> Positive Living Program | <input type="checkbox"/> Sex Worker Program | <input type="checkbox"/> Transgender Program |
| <input type="checkbox"/> Others _____ (Please Specify) | | | |

D. Motivation / Motivasi

Describe in not more than 30 words, what motivates you to volunteer with PT Foundation?

Jelaskan, dalam tidak melebihi 30 patah perkataan, apakah yang memotivasikan anda untuk bersukarela dengan Yayasan PT?

Please describe any experience that you feel you can bring to PT Foundation.

Sila jelaskan mana-mana pengalaman yang anda rasakan anda boleh membawa kepada Yayasan PT.

PT Foundation works with diverse communities such as drug users, sex workers, transgenders, lesbians and gay men, people living with HIV/AIDS, and practices a non-judgmental, non-discriminatory approach when dealing with these communities. Do you have any reservations working with any of these communities based on such approaches?

Yayasan PT bekerja dengan pelbagai komuniti seperti pengguna dadah, pekerja seks, transgender, lesbian dan lelaki gay, orang hidup dengan HIV/AIDS, dan mengamalkan pendekatan tidak menghakimi serta tidak mendiskriminasi semasa berhadapan dengan komuniti-komuniti ini. Adakah anda mempunyai sebarang kemusykilan untuk berkerja dengan mana-mana satu komuniti berdasarkan pendekatan tersebut?

- No/ Tidak Yes, please elaborate
Ya, sila jelaskan

E. Recruitment Source/ Sumber Perekrutan

How did you hear about PT Foundation?/ Bagaimanakan anda mendapat tahu tentang Yayasan PT?

- | | | |
|--|--|--|
| <input type="checkbox"/> PTF Website/ Laman Web Yayasan PT | <input type="checkbox"/> PTF Blog/ Blog Yayasan PT | |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Yahoo Group | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Ruumz | <input type="checkbox"/> Axcest | <input type="checkbox"/> Gay Romeo |
| <input type="checkbox"/> Fridae | <input type="checkbox"/> Friends/ Kawan | <input type="checkbox"/> Family Members/ Ahli Keluarga |
| <input type="checkbox"/> Others (please specify)/ Lain-lain (Sila nyatakan): | | |

F. Authentication of Information/ Pengesahan Maklumat

I hereby testify that all the information provided above is accurate to the best of my knowledge.
Saya dengan ini mengesahkan bahawa semua maklumat yang diberikan di atas adalah tepat sepanjang pengetahuan saya.

Name/Nama:

Date/ Tarikh: (dd/mm/yy)

G. Please provide the name and contact details of a person who can provide you with a professional or educational reference.

Name:

Designation:

Contact number 1:

Contact number 2:

Email address:

**Thank you very much for filling up the application form.
Please email completed form to: chcc@ptfmalaysia.org
Sila emel borang yang telah diisi ke: chcc@ptfmalaysia.org**