|  |
| --- |
| **For PCAP Indonesia Use** |
| Applicant Reference:  PCAP-PS-AF-CaXXX |

Attach passport-sized photograph

Please complete all fields and where sections are not applicable, please indicate “N.A.”. All supporting documents, must be submitted together with your application. Incomplete application shall not be processed. Please contact the secretariat at email: **[pcap.indonesia@gmail.com,](mailto:sec-cb@mpc.gov.my,%20)** should you have any enquiries.

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT PERSONAL PARTICULARS** | | | |
| Full Name:  (as in ID Card / Passport) |  | | |
| Nationality: |  | Country of Birth: |  |
| ID Card / Passport No.: |  | Date of Birth: |  |
| Gender: |  | | |
| Correspond Address: |  | | |
|  | | |
| Home Phone: |  | Mobile Phone: |  |
| Business Phone: |  | Email Address: |  |

\**Please attach copies of the ID Card/Passport with your application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\*EMPLOYMENT BACKGROUND** ( *List Most Recent Employment FIRST* ) | | | | |
| Name of Company | Position | Period ( YYYY ) | | |
| From | | To |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |

\**Please attach your Curriculum Vitae.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATIONAL & ACADEMIC BACKGROUND** *( List Most Recent Qualification FIRST )* | | | | | | |
| Name of Educational Institution | | \*Education Level Attained | Period ( YYYY ) | | | |
| From | | Till | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\**Please attach copies of the certificates with your application.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL CERTIFICATION** | | | | | | | | | |
| Name of Organization / Certification Body | | \*Certification | | Year Joined | | Validity (MM- YYYY ) | | | |
| From | | Till | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*\*Please attach copies of the certificates with your application.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICANT’S AREA OF INDUSTRY EXPERIENCE** (*Tick √ where applicable*) | | | | | |
| ☐ | Digital Productivity | ☐ | Private Healthcare | ☐ | Electrical and Electronics |
| ☐ | Chemicals and Chemical | ☐ | Tourism | ☐ | Retail and F&B |
| ☐ | Professional Services | ☐ | Agro-food | ☐ | Machinery and Equipment |
| ☐ | Others *(specify)*: - | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICANT’S AREA OF PRODUCTIVITY EXPERTISE** (*Tick √ where applicable*)   1. Applicants must have knowledge and experience in productivity diagnosis technics. 2. Applicants must have knowledge and understandings of at least 8 Productivity Solution under the category of basic and focus productivity improvement solution. | | | | | |
| **PRODUCTIVITY DIAGNOSIS** | | | | | |
| ☐ | Productivity Gain Measurement  (PGM) | ☐ | Business Excellence Framework (BEF) | ☐ | Financial Analysis |
| ☐ | Organization Climate Survey | ☐ | Others : | | |
| **BASIC PRODUCTIVITY IMPROVEMENT SOLUTIONS** | | | | | |
| ☐ | 5S | ☐ | Innovative and Creative Circle (ICC) | ☐ | Employee Suggestion Scheme |
| ☐ | Industrial Engineering | ☐ | Labour Management Relation | ☐ | Team Building |
| ☐ | Others : | | | | |
| **FOCUS PRODUCTIVITY IMPROVEMENT SOLUTIONS** | | | | | |
| ☐ | Balanced Scorecard | ☐ | IOT (Internet of Things) | ☐ | Theory of Inventive Problem Solving (TRIZ) |
| ☐ | ISO 9000 | ☐ | ISO 14000 | ☐ | ISO 45000 |
| ☐ | ISO 22000 | ☐ | Material Flow Cost Accounting | ☐ | Green Productivity |
| ☐ | Statistical Control | ☐ | Business Excellence | ☐ | Design Thinking |
| ☐ | LEAN Management | ☐ | TPM (Total Productive Maintenance) | ☐ | Data Analytics |
| ☐ | Public Sector Productivity | ☐ | SIX Sigma | ☐ | Benchmarking |
| ☐ | Business Process Re- engineering | ☐ | Change Management | ☐ | Customer Satisfaction |
| ☐ | Branding | ☐ | Knowledge Management | ☐ | Digital Transformation |
| ☐ | Human Resource Management | ☐ | Smart Manufacturing | ☐ | Total Quality Management |
| ☐ | Supply Chain Management | ☐ | Strategic Management | ☐ | Structured On-The Job Training (OJT) |
| ☐ | Others : | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT’S SERVICES** (*Tick √ where applicable*) | | | | | | | |
| ☐ | Consulting | ☐ | Research | ☐ | Training | ☐ | Promotion |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PRODUCTIVITY IMPROVEMENT PROJECTS HOURS** | | | | | | | |
| Note: You must have spent **at least 200 hours** on productivity solutions within **the immediate past 12 months**. | | | | | | | |
| No | Client Company & Title of Assignment | Contact Person/ Telephone / Email | Duration of Assignment *(in the last 12 months. eg; June 2019 to June*  *2020)* | Your Team Size | Hours Spent by Team  (hours) | Your Role in Assignment | Hours Spent by Yourself  (Hours) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  | **Total Projects Hours (minimum of 200 hours in the last 12 months):** | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION OF ASSIGNMENT** (Selected productivity improvement projects undertaken): You are required to submit **TWO** different Productivity solution undertaken. | | | | | | |
| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT (1)** | | | | | | |
| Client Company: |  |  | | | | |
| Title of Project: |  |  | | | | |
| Project Period: |  |  | | | | |
| Contact Person: |  |  | | Title/Position: |  |  |
| Email Address: |  |  | | Phone : |  |  |
| Team Size: |  |  | | Hours Spent by Team: |  |  |
| Your Project Role: |  |  | | Hours Spent by You: |  |  |
| Type of project: ☐ Consultancy ☐ Training ☐ Research ☐ Promotion | | | | | | |
| **Major Problems Encountered** | | | **Problem Resolution** | | **Impact to Client** *(please attach client’s testimonial)* | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Additional Information (if any):** | | | | | | |
|  | | | | | | |

*Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT (2)** | | | | | | | |
| Client Company: |  |  | | | | | |
| Title of Project: |  |  | | | | | |
| Project Period: |  |  | | | | | |
| Contact Person: |  |  | | Title/Position: | |  |  |
| Email Address: |  |  | | Phone : | |  |  |
| Team Size: |  |  | | Hours Spent by Team: | |  |  |
| Your Project Role: |  |  | | Hours Spent by You: | |  |  |
| Type of project: ☐ Consultancy ☐ Training ☐ Research √ **Promotion** | | | | | | | |
| **Major Problems Encountered** | | | **Problem Resolution** | | **Impact to Client** *(please attach client’s testimonial)* | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
|  | | |  | |  | | |
| **Additional Information (if any):** | | | | | | | |
|  | | | | | | | |

Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

|  |  |
| --- | --- |
| **APPLICANT DECLARATION** | |
| **I declare that:**   1. The information provided for the certification of PS and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. 2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law. 3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice. 4. I am not presently, nor have I been within the past three years, the subject of any client’s complaint filed with a past project works. 5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by a any professional association. 6. I have not been debarred from any government schemes/programmes, etc. I acknowledge and agree that the PCAP Indonesia reserves the right to ascertain the applicant’s claims with relevant parties (e.g. government agencies, associations, client contacts, etc.) 7. I am agreeable that the PCAP Indonesia has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application. 8. I hereby agree that PCAP Indonesia may collect, obtain and store my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to PCAP Indonesia.   **Upon being certified as a Registered Productivity Specialist:**   1. I shall abide by the PCAP Indonesia Code of Professional Conduct and will be subjected to any disciplinary actions by PCAP Indonesia if I breach the conditions stated in the Code of Professional Conduct. 2. I shall inform PCAP Indonesia, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements. | |
| **If applicable only:**  11. If you have any **Special Requests/ Needs** to be accommodated by the PCAP Indonesia to be a Certified Productivity Specialist, please provide details (with reasons) as follows. Otherwise, please indicate “N.A.”.      *(To use separate piece/s of paper if necessary.)* | |
| Name of Applicant: | Signature: |
| ID Card / Passport No.: | Date: |

# Checklist of Application Documents Submission:

|  |  |
| --- | --- |
| Completed and signed application form. |  |
|  |  |
| Certificate of Attendance of Productivity Courses or equivalent. |  |
|  |  |
| Results slips of Exam or equivalent. |  |
|  |  |
| Copy of Curriculum Vitae. |  |
|  |  |
| Copy of ID Card/Paspport |  |
|  |  |
| Copies of education or academic certificates. |  |
|  |  |
| Copies of professional certifications. |  |
|  |  |
| 2 originals of written positive client testimonials for projects undertaken in the last 24 months |  |
| (Scanned copies can be submitted via email. Originals shall be handed over to the Secretariat at time of the interview.) |  |

Please send the above documentations to **provided cloud document link** to submit all application documents to review by the Secretariat of PCAP Indonesia.