MILLENNIAL PROFESSIONAL ACADEMY
Wholly owned by
Millennial Professional Academy Sdn Bhd (1663393-U)

Lot 9568, Block 1, First Floor, Lambir Land District,
98000 Miri, Sarawak.
016-808 7563 (Ms Afrina MKA)
contact@millennialprofessionalacademy.com

# PROGRAMME APPLICATION FORM

| Application Ref. No. | | Date Received | |
|---|---|---|---|

**Instructions:** Please complete all applicable sections in clear block letters or type directly into this form. Incomplete applications may delay the admission review. Supporting documents should be attached where required.

## A. PROGRAMME SELECTION

☐ Workplace Communication Professional (2 days)
☐ Certified Workplace Communication Professional (CWCP) (5 days)
☐ Leadership and Team Performance Administrator (2 days)
☐ Certified Leadership and Team Performance Professional (CLTPP) (5 days)
☐ Critical Thinking and Workplace Problem-Solving Skills (CTWPSS) (2 days)
☐ Certified Critical Thinking and Workplace Problem-Solving Professional (CTWPSP) (5 days)
☐ Certified Circular Operational Excellence Professional (CCOEP) (5 days)
☐ Practical Bookkeeping and Basic Accounting for Non-Accountants (5 days)

| | |
|---|---|
| **Preferred Intake / Start Date** | |
| **Registration Type** | ☐ Individual Registration ☐ Company-Sponsored Registration |
| **How did you hear about us?** | ☐ Website ☐ Social Media ☐ Referral ☐ Employer ☐ Other: _____ |

## B. APPLICANT PERSONAL PARTICULARS

| | | | |
|---|---|---|---|
| **Full Name** | | | |
| **NRIC / Passport No.** | | **Nationality** | |
| **Date of Birth** | | **Gender** | ☐ Male ☐ Female |
| **Correspondence Address** | | | |
| **Postcode** | | **City / State** | |
| **Mobile Number** | | **Email Address** | |

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## C. EDUCATION AND EMPLOYMENT BACKGROUND

| | |
|---|---|
| **Highest Qualification** | |
| **Field of Study** | |
| **Current Occupation / Position** | |
| **Organisation / Employer** | |
| **Years of Work Experience** | |
| **Relevant Training or Professional Certifications** | |

*Note: No formal prerequisite is required for selected foundation programmes unless otherwise stated. Applicants for advanced programmes may be contacted for additional information about their relevant experience.*

## D. LEARNING OBJECTIVES AND PROGRAMME READINESS

| | |
|---|---|
| **What do you hope to achieve from this programme?** | |

## E. LEARNER SUPPORT AND ACCESSIBILITY

Millennial Professional Academy is committed to an inclusive learning environment. Please indicate whether you require reasonable adjustments or learning support. Information provided will be handled appropriately and used only to support your participation.

☐ No support or adjustment is required.
☐ I would like the academy to contact me to discuss learning support or reasonable adjustments.

| | |
|---|---|
| **Brief details, if you wish to provide them** | |

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## F. EMERGENCY CONTACT

| | | | |
|---|---|---|---|
| **Contact Name** | | **Relationship** | |
| **Mobile Number** | | **Alternative Number** | |

## G. COMPANY SPONSORSHIP AND BILLING DETAILS (IF APPLICABLE)

| | |
|---|---|
| **Company / Organisation Name** | |
| **Company Registration No.** | |
| **Company Address** | |
| **Contact Person and Position** | |
| **Contact Number and Email** | |
| **Purchase Order / Reference No.** | |

## H. SUPPORTING DOCUMENTS CHECKLIST

☐ Copy of NRIC or passport.
☐ Copy of relevant qualification or professional certification, where applicable.
☐ Employer sponsorship letter, purchase order, or company confirmation, where applicable.
☐ Proof of payment, when requested by the academy.
☐ Other supporting document(s): _____

## I. APPLICANT DECLARATION AND CONSENT

1. I declare that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that false or misleading information may result in the rejection or cancellation of my application or enrolment.
2. I understand that submission of this application does not guarantee admission. My place is confirmed only after the academy has approved the application and received the required payment or authorised company confirmation.
3. I agree to comply with the academy's programme requirements, learner policies, attendance requirements, assessment procedures, health and safety instructions, and standards of conduct.
4. I consent to Millennial Professional Academy collecting, using, storing, and processing the information in this form for admission review, enrolment administration, programme delivery, communication, assessment, certification, quality assurance, and related legitimate administrative purposes, subject to applicable data protection requirements.

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5. I understand that programme dates, trainers, venues, schedules, or delivery arrangements may be adjusted when necessary, and that the academy will communicate material changes to registered participants.

| | |
|---|---|
| **Applicant Name** | |
| **Applicant Signature** | |
| **Date** | |

**For applicants below 18 years old:** A parent or legal guardian must complete the section below.

| | | | |
|---|---|---|---|
| **Parent / Guardian Name** | | **Relationship** | |
| **NRIC / Passport No.** | | **Contact Number** | |
| **Signature** | | **Date** | |

## J. FOR OFFICE USE ONLY

| | | | |
|---|---|---|---|
| **Application Status** | ☐ Approved ☐ Pending ☐ Rejected | **Eligibility Verified** | ☐ Yes ☐ No |
| **Documents Complete** | ☐ Yes ☐ No | **Intake Confirmed** | ☐ Yes ☐ No |
| **Payment Status** | ☐ Paid ☐ Pending ☐ Company Billing | **Receipt / Invoice No.** | |
| **Programme and Intake Confirmed** | | | |
| **Special Arrangements / Learner Support** | | | |
| **Remarks** | | | |
| **Reviewed By** | | **Date** | |
| **Approved By** | | **Date** | |

**Submission:** Please submit the completed form and supporting documents to our official email address : **contact@millennialprofessionalaacademy.com**