

APPLICATION FORM

PROFESSIONAL DEVELOPMENT CENTRE



Please complete ALL sections in this form. DO NOT leave any section blank. Write NA where not applicable.

PERSONAL INFORMATION

Full Name as per IC/Passport:

NRIC / Passport No.: Date of Birth:
(dd/mm/yyyy) eg: 31/05/2001

Nationality: Malaysian International

Gender: Male Female

Mobile No.: Office No.:

E-mail:

Home Address :

Postcode: Town/City: State: Country:

Name of Employer/Company: Designation:

Employment Statuses: Employee Self-employed

PROGRAMME DETAILS

PROFESSIONAL DEVELOPMENT QUALIFICATIONS

Intake Year: Month:

Teaching and Learning: Certificate Diploma

Teaching with Digital Technologies: Certificate Diploma

ADDITIONAL INFORMATION

1. Highest English requirement obtained (e.g. 1119, IELTS,....)	
2. Currently serving school / education institution	
3. Years of teaching experience	
4. Teaching discipline/ subjects	

INTERNATIONAL COMPUTER DRIVING LICENSE (ICDL)

Intake Year: Month:

Module:

Module:

OTHERS

Intake Year: Month:

Enrolled Course:

DECLARATION

I hereby certify that all information provided by myself in this application form is accurate. I also agree to the terms and conditions of the registration. I am aware that all fees paid are strictly non-refundable. I consent to the use of my personal data in accordance with the college Personal Data Protection Notice: (<https://www.mckl.edu.my/page/289/MCKL-Personal-Data-Protection-Notice>)

Signature of Applicant

Name : _____
Date : _____

PAYMENT OPTION

Mode of Payment :

Bank in directly to the account of : **Methodist College Kuala Lumpur Account No. 3153448300, Public Bank Berhad.**
Please write your name on the deposit receipt/advice, and email to finance.dept@mckl.edu.my

Cheque made payable to **METHODIST COLLEGE KUALA LUMPUR.**

Cash/Credit Card (to be paid at the Payment Counter of Methodist College)

FOR OFFICE USE ONLY

Mode of Delivery Face to face Online Blended

CAMBRIDGE INTERNATIONAL CERTIFICATE IN TEACHING AND LEARNING

Administration Fees: RM 500
Course Fees RM 5,000

*payment for course work submission of one sitting only.

Date	Cheque No.	Receipt No.	Amount	Received

Signature of Course Counsellor Name : _____ Date : _____	Remarks :
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METHODIST COLLEGE KUALA LUMPUR (Wholly owned by WESLEYAN EDUCATION SERVICES SDN. BHD.) (540800U)

Off Jalan Tun Sambanthan 4, Brickfields 50470 Kuala Lumpur, Malaysia

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