No. Rujukan/Ref. No:

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| **BORANG PERMOHONAN MAJLIS**  **EVENT REQUEST FORM** |

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| **MAKLUMAT MAJLIS**  **EVENT INFORMATION** | |
| Tajuk Majlis/Name of the event:  *(Sila lampirkan program/Please attach program)* |  |
| Penganjur/Organiser: |  |
| Kolaborasi/Collaborator: |  |
| Tarikh Majlis/Event Date(s): |  |
| Masa Majlis Mula & Akhir/  Event Time Start & End: |  |
| Lokasi/  Location |  |
| Tetamu VVIP/  Honorable Guest: |  |
| Tetamu Majlis/  Event Audience: | Staf Fakulti/Faculty’s Staff Profesional/Professional  Pelajar/Students Alumni    Others/Lain/Lain (Sila nyatakan/Please specify)  ………………………………………………………………… |
| Anggaran Jumlah Tetamu/Expected No.of Guest: |  |
| Peringkat/Level: | Antarabangsa/International Tempatan/Local  Universiti/University Fakulti/Faculty  Persatuan/Association |

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| **JENIS ACARA/PROGRAMME TYPE** |
| Syarahan Perdana/Inaugural Lecture Persidangan/Conference  Speaker Series/Siri Penceramah Seminar/Workshop  Visitation/Lawatan Seminar dalam Talian/Online Webinar  Meeting/Mesyuarat Mesyuarat dalam Talian/Online Meeting  Others/Lain-Lain (Sila nyatakan/Please specify) ………………………………………………………………. |
| **RUNDINGAN/CONSULTATION** |
| Protokol/Protocol Publisiti/Publicity  Liputan Media/Media Coverage Sokongan IT&Teknikal/IT&Technical Support  Katering/Catering Logistik/Logistic  Keselamatan, Kesihatan & Pekerjaan/OSHE  Pendaftaran Peserta Zoom/Zoom Participant Registration |
| **PERKHIDMATAN YANG DIPERLUKAN UNTUK MAJLIS/**  **SERVICES REQUIRED FOR EVENTS** |
| Sila nyatakan/Please indicate: |

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| **TUJUAN MAJLIS/EVENT PURPOSE** | |
| Tujuan Majlis/Event Purpose: |  |
| Faedah kepada Fakulti Perubatan/  Benefit to FOM: |  |
| Matlamat Majlis/Event Goals: |  |
| Peruntukan Kewangan Majlis/Event Budget: |  |

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| **PENGESAHAN/**  **AUTHORISATION** | |
| Dengan ini saya mengesahkan bahawa maklumat yang diberikan adalah benar /  I hereby declare that the information given in this request is correct. | Tandatangan & Cop Pemohon/  Application’s Signature & Stamp  Tarikh/Date:  Nama/Name:  Jawatan/Position:  Jabatan/Department:  Emel/Email:  No. Pejabat/Office No:  No. Telefon/Mobile No: |
| **UNTUK KEGUNAAN PEJABAT/**  **FOR OFFICE USE** | |
| Diterima Oleh/Received by:  Nama/Name:  Jawatan/Position:  Tarikh/Date: | Tindakan/Action:    Diluluskan/Approved  Tidak Diluluskan/Denied  Tandatangan/Signature:  **Ketua unit/Head of unit**  Nama/Name:  Tarikh/Date: |

**Untuk Perhatian:**

1. Pihak pengajur MESTILAH mematuhi SOP Covid-19 seperti yang terlampir.
2. Sila serahkan borang sekurang-kurangnya **sebulan** sebelum majlis bagi memudahkan pengurusan, pelan dan perjalanan majlis.
3. Walaubagaimanapun, kami tidak dapat memberi jaminan perkhidmatan bagi beberapa faktor berikut:

* Mengikut Kekosongan Jadual Staf;
* Kapasiti Sesebuah Majlis;
* Masa & Sumber;
* Kelulusan Peruntukan Kewangan.

**Acknowledgement:**

1. The organizer MUST adhere to the COVID-19 SOP as attached.
2. Please submit this request form at least **1 month** before your event date to ensure the proper arrangement, planning and execution of the event.
3. We, however, could not guarantee the availability of services requested due to these factors:

* Staff Availability;
* Event Complexity;
* Time & Resources;
* Approved Budget Allotment