

### KEMENTERIAN SEKRETARIAT NEGARA REPUBLIK INDONESIA

Jalan Veteran No. 17-18, Jakarta 10110, Telepon (021) 3845627, 3442327 Situs: www.setneg.go.id

Nomor: B-19695/Kemensetneg/Setmen/KTLN/LN.03.00/10/2015 Jakarta, 2/Oktober 2015

Sifat : Segera

Lampiran: 1 (satu) berkas

Hal : Tawaran mengikuti pelatihan di Malaysia

Yth. Pusat Kerja Sama Luar Negeri Kementerian Pendidikan dan Kebudayaan di Jakarta

Sehubungan dengan surat Second Secretary Kedutaan Besar Republik Malaysia di Jakarta tanggal 12 Oktober 2015, dengan hormat kami sampaikan tawaran dari Pemerintah Malaysia untuk mengikuti pelatihan 21st Century Leadership for Educational Leaders of Rural and Indigenous Schools from ASEAN Member States, yang akan diselenggarakan mulai tanggal 8 s.d. 20 November 2015 di Sarawak, Malaysia.

Seluruh biaya sehubungan dengan keikutsertaan pelatihan tersebut ditanggung Pemerintah Malaysia.

Kesempatan ini hendaknya dapat dipergunakan sebaik-baiknya dan sekiranya instansi Saudara akan memanfaatkan tawaran tersebut, agar dapat mengajukan 2 (dua) orang calon peserta yang memenuhi persyaratan kepada kami paling lambat tanggal 27 Oktober 2015, dengan melampirkan persyaratan sebagai berikut:

- 1. Pejabat eselon IV ke atas/setara yang terkait langsung dengan kebijakan terkait dengan pengambilan keputusan;
- 2. Formulir pencalonan *Malaysian Technical Cooperation Programme* rangkap 3 (tiga) diisi lengkap dengan diketik rapi serta disetujui oleh pejabat yang berwenang dengan dilengkapi buah foto berwarna ukuran 4x6 cm;
- 3. Daftar Riwayat Hidup;
- 4. Sehat jasmani dan rohani dilengkapi dengan surat keterangan sehat dari dokter yang berwenang untuk mengikuti pelatihan di Maiaysia;
- 5. Memiliki kemampuan berkomunikasi dan menulis dalam bahasa Inggris.

Untuk lebih jelasnya, terlampir kami sampaikan informasi, persyaratan dan prosedur rinci mengenai program dimaksud.

Atas perhatian dan kerja sama yang baik, kami sampaikan terima kasih.

a.n. Sekretaris Kementerian Sekretariat Negara Kepala Biro Kerja Sama Teknik Luar Negeri

Rika Kiswardah

Tembusan:

Sekretaris Kementerian Sekretariat Negara, sebagai laporan



Please affix passport photograph

### **APPLICATION FORM**

TITLE OF COURSE:

NAME OF IMPLEMENTING AGENCY:

### SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME ( MTCP )

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

### FOR OFFICIAL USE ONLY

Date of commencement:

1. PERSONAL DA	TA				
Family Name (surname)			Date of birth : Day	Month	Year
First Name :			Nationality ( ci	· ,	
Other Names :			Gender : Male / Female	#	
City and country of birth			Marital status Single / Marrie	:	
Passport No:	Type of Passport:	International P	Religion:		
Expiry Date:					
# Delete accordingly					
2. COMMUNICAT	ION AND MAILING ADD	DRESS		-,	
Applicant's Office Addres	5:		Applicant's Pos	stal / Home Addro	ess:
			Home telephor	ne	
	<u> </u>			Country Are	a Number
Office telephone	Telefax		Email		
Country   Area   Numb		rea Number			
Person to be contacted <u>i</u>	n case of emergency:				
Telephone :		Mobile Phone Number:			
Address :					
Email :					

### Course Overview:

This training programme aims to provide the participants with a platform to gain more insights in educational development through experiences shared by their colleagues from other countries. This training programme also enables the participants to build network and establish linkages among themselves to further enhance and improve the quality of education provided in rural and indigenous schools in their countries.

### Course Objectives:

- To exchange ideas on different strategies for school improvement in educational leadership and management of rural and indigenous schools.
- To share best practices and innovations in Educational Leadership and Management (ELM).
- To establish linkages and networks between rural and indigenous schools in the ASEAN region.

## Target Participants:

- Involved in educational leadership for more than 5 years dealing mainly with rural or indigenous schools.
- Nominated by the Ministry of Education of the respective countries.
- This is a specialised training programme offered to participants from among developing ASEAN Member States only.

### **Background of MTCP**

The Malaysian Technical Cooperation Programme (MTCP) was initiated at the First Commonwealth Heads of Government Meeting (CHOGM) for Asia Pacific Region in 1978. Since 1980, in line with the spirit of South-South Cooperation, Malaysia through the MTCP has been sharing in areas where we have development experience and expertise. The MTCP forms part of the strategy and commitment of the Government of Malaysia to promote technical cooperation among developing countries, strengthening regional and sub-regional cooperation, and nurturing a collective self-reliance among developing countries.

## The Objectives of MTCP are:

- To share development with other countries;
- To strengthen bilateral relations Malaysia and other developing countries;
- To promote South-South cooperation (SSC) and Technical cooperation among developing countries

## **INSTITUT AMINUDDIN BAKI**

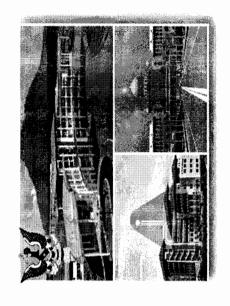
Institut Aminuddin Baki (IAB) is at the fore front in the field of educational leadership and management (ELM) training in Malaysia. IAB provides quality training in educational leadership and management which helps to enhance the quality and delivery of educational management systems by local and foreign educational leaders.



### MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP) 2015

# 21st CENTURY LEADERSHIP FOR EDUCATIONAL LEADERS OF RURAL AND INDIGENOUS SCHOOLS FROM ASEAN MEMBER STATES

### 08 – 20 NOVEMBER 2015 Kuching, Sarawak



APPLICATION DEADLINE: 20 OCTOBER 2015



INSTITUT AMINUDDIN BAKI (IAB)
NATIONAL INSTITUTE FOR EDUCATIONAL
MANAGEMENT AND LEADERSHIP
MINISTRY OF EDUCATION MALAYSIA

## ENTRY REQUIREMENTS:

- Age between 26-56 years
- Had not participated in any course under MTCP
- Fairly good command of English Language
- Medically fit.

## APPLICATION PROCEDURES:

- All participants will have to adhere to rules and regulations set by the training institution.
- All applicants are required to complete the MTCP application form available at <a href="https://www.mtcp.kln.gov.my/download">www.mtcp.kln.gov.my/download</a> and submit three (3) copies of the completed forms to the Malaysian Embassy / High Commission in the respective countries via the Ministry of Education of their respective countries.
- Participants should ensure that their passports are valid for at least 6 months after the end of the programme.
- All participants must arrange for their own visa and vaccination prior to their travel. The cost incurred for the visa and vaccination should be borne by the respective participants.
- All participants are required to have Visa-With-Reference (VDR) to enter Malaysia, including ASEAN Member States.
- After the interview, the respective Malaysian Embassy/Mission will provide IAB with their recommendation of the applicant for consideration by a Selection Committee (consisting of IAB and the Malaysian Ministry of Foreign Affairs officers)

Applicants will be notified of their acceptance to the programme either through the Malaysian Embassy/Mission or IAB

## INCOMPLETE/OR UNENDORSED FORMS WILL NOT BE PROCESSED.

### **TERMS OF AWARD:**

MTCP is fully financed by the Malaysian Government. All expenses for return air ticket from the capital city of the respective countries to Malaysia as well as food, lodging, medical and tuition fees during the course are funded by the Malaysian Government.

## **PROGRAM MANAGER:**

Mr. Gerald Kochappan 6016-6023032 gerald@iab.edu.my

## JOINT PROGRAM MANAGER:

Ms. Beatrice Paul Diring 6013-5683768 beatrice@iab.edu.my

### **ADDRESS:**

nstitut Aminuddin Baki. Ministry of Education Malaysia Nilai Education Complex, 71760 Bandar Enstek,Nilai, Negeri Sembilan,Malaysia TEL: 606-7979266 / 6082-846671 (OFFICE) FAX: 606-7979320/6082-846626 <u>www.iab.edu.my</u>

### **COURSE MODULE**

### Topics:

## **Educational Leadership**

- Theories on Current Leadership Practices
- Moral Imperatives for Educational Leaders

## **Educational Management**

- Strategic Thinking and Management
- Managing Rural and Indigenous Schools
- e-learning
- Building Educational Leaders' Capacity

### Leading Change

- Managing Change
- Transforming Schools
- Leadership Coaching & Mentoring

## **Benchmarking and Educational Visits**

- Benchmarking visits to selected rural and indigenous schools in Sarawak
- Working Visit to the Sarawak State Education Department & Ministry of Foreign Affairs Sarawak Branch, Kuching, Sarawak
- Educational Visits to Sarawak Cultural Village in Santubong, Sarawak
- Educational visit to the city of Kuching in Sarawak



Please affix passport photograph

### **APPLICATION FORM**

TITLE OF COURSE:

### SHORT TERM COURSE IN MALAYSIA UNDER THE MALAYSIAN TECHNICAL COOPERATION PROGRAMME (MTCP)

Please type or write clearly in capital letters. Do not leave any space blank. Use "NIL" or "N/A" where applicable

### FOR OFFICIAL USE ONLY

Date of commencement:

Reference no Received Checked	:

NAME OF IMPLEMENTING AGEN	CY:				
1. PERSONAL DATA					
Family Name (surname):	, ,,		Date of birth : Day	Month	Year
First Name :			Nationality ( ci	tizenship ):	
Other Names :			Gender : Male / Female	#	
City and country of birth :			Marital status Single / Marrie	:	
Passport No: Type	of Passport: Intern	ational P	Religion :		
Expiry Date:					
# Delete accordingly  2. COMMUNICATION AND I	AAILING ADDRESS	3			
Applicant's Office Address :			Applicant's Pos	stal / Home Add	dress :
			Home telephor	ne   Country   A	ırea Number
Office telephone	Telefax		Email	1 Country   A	ilea   Number
Country Area Number		Number			
Person to be contacted in case of e  Name : Telephone : Address : Email :		1obile Phone	Number:		

### 3. EDUCATION (list in order of time, starting with last institution attended)

Name of institution and place of study	Major field of study	Years of study : from - to	Degree

### 4. EMPLOYMENT RECORD

A. Present or most recent post	B. Previous post
Employer:	Employer:
Years of service ( from – to) :	Years of service (from – to) :
Title of your post/position :	Title of your post/position :
Present salary per month (US Dollars):	Salary per month (US Dollars) :
Name of supervisor and title :	Name of supervisor and title :
Type of organization:	Type of organization
Government / Semi Government / Private / NGO #	Government / Semi Government / Private / NGO #
Main functions of organization :	Main functions of organization :
Total number of employees :	Total number of employees :

### # Delete accordingly

Description of your work including your responsibility :
Please continue on supplementary pages if necessary

### 5. REASONS FOR APPLYING THIS COURSE

Please state briefly the reasons for apply	ing to this course and how you hope	to benefit from the programme.
	Please	continue on supplementary pages if necessary
Have you participated in any training pro	gramme in Malaysia before? : YES /	No #
Name of programme	<u>Organizer</u>	<u>Year</u>
Have you participated in any MTCP training	ing programme in Malaysia before? :	YES / NO #
Name of Course	Name of Training Institute	<u>Year</u>

# Delete accordingly

### 6. ENGLISH LANGUAGE PROFICIENCY (Kindly provide certificate as proof of proficiency)

	Excellent	Good	Fair	Basic	Remarks
Listening					
Speaking					
Writing					
Reading					
Mother tongue :					
Language test admi	nistered by	:		· · · · · · · · · · · · · · · · · · ·	
Title		:			75
Address		:			
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Tel Number		:			
E mail		: _			
Date and signature		:	,	5.44 <sub>107</sub>	

### 7. MEDICAL REPORT (to be completed by an authorized physician)

Name of Applicant:					
Age:	Gender:	Height:	cm	Weight:	kg
Blood Pressure:		<u> </u>	747-20	<u> </u>	
Blood Group:	АВВ	AB C	)	Other (	)
Is the person examined a	at present in good health?			hysically and mer g away from hon	
Is the person free of infe tuberculosis, trachoma, s				d have any condi ight require treat	tion or defect ment during the
List any abnormalities ind	dicated in the chest X ray.	Pregnancy Te	est ( for wom	en ):	
I certify that the applicar	nt is medically fit to underta	ke a course in Malaysia			
Name of Physician	:	174-774		****	
Address of Clinic (printed)	:				
Telephone	:	- 194			
(printed) Email	:		Date :		
Signature of Physician	:	Seal of Clinic :			

### 8. APPLICANT'S DECLARATION

I,	Name of applicant	
Decla		Representing Country
	are that:	
a)	All information provided is true, complete not wilfully suppressed any material facts;	and accurate to the best of my belief and knowledge, and that I have
b)		dical problems which may impair my ability to attend and complete the
	I will be personally liable for <b>all</b> medical stay in Malaysia after my admission to a covered under the Group Personal Accident. The Group Personal outpatient medical/dental treatment. Pacovered by the insurance policy. <b>As the arrangements to obtain adequate medical</b>	l expenses due to pre-existing conditions/illnesses incurred during my any Malaysian government hospitals/clinics, and also other than those dent Insurance. (All successful participants are covered under Group Accident does <u>not</u> cover any pre-existing conditions/illnesses or any articipants are personally liable for medical expenses beyond what is coverage is limited, participants are advised to make their own edical insurance coverage for their stay in Malaysia; and months pregnant and am/am not certified by a qualified
ŕ		Ith to travel and attend the training in Malaysia
Upon s	uccessful selection for the training award,	I undertake to:
c) d) e) f) I fu abo	submit/present any report which may be refrain from engaging in political activities return to my home country upon completi discontinue the course should I be found.  Ily understand that if I fail to company we	training institution in which I undertake to study in or be trained under; required; and any form of employment for profit or gain; ion of the training; and
	Date	Signature of applicant

### 9. TO: GOVERNMENT OF MALAYSIA

	, Passport Number:	having an address at
	, hereby declare that I shall be persona	· ·
Government of Malaysia and	name of the training institute	liabilities, claims, losses, demands,
	name of the training institute or expenses, in part/total, whatsoever arising u	
	against the Government of Malaysia and/or	
or incurred or become payable by	the Government of Malaysia and/or	in respect of ar
of any medical illness, personal in	ury (whether fatal or otherwise), or the deat	th of any person, by reason of my
carelessness, negligence, omission	or default, in the course of my training with_	name of the training institute Which
s appointed by the Government o	f Malaysia.	
Dated this day of	20	
	<u></u>	
Signature of applicant	)	
Name of applicant	)	
Date	)	
In the presence of		
Signature of Witness	)	
Name of Witness	)	
Designation of Witness	)	
I/C or Passport No.	)	

### 10. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

	icant's selection			
******				
The post which t	the applicant will be required	t to fill upon satisfactor	v completion of training	
	and applicante will be required	a 15 m apon outoractor	, completion of training	
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### 11. TO BE COMPLETED BY THE NOMINATING GOVERNMENT

	<b>A.</b>	, ¹	Name of	: Off-:-1	
n behalf of the Government of ertify that :	Country		Name of	Orncial	
<ul> <li>a) I have examined the educational satisfied that they are authentic at the applicant is medically fit and mental history, there is no reas Malaysia and to remain in Malays</li> <li>c) Should the nominee seek medic period of stay in Malaysia, he was covered under the Group Personal</li> <li>d) The applicant has attained a lever course of study/training for which</li> </ul>	and relate to the applicated free from infectious on to suppose that the first in for the duration of the consultation/treatment would be personally list Accident Insurance; at of proficiency in both	ant disease and that, e applicant is other aining; ent for his/her pre- able for all medical an spoken and written	having regard than fit to ur existing conditi expenses incu	to his/her physical and the dertake the journey to sons/illnesses during his larged, other than thos	
nominate ( Dr/Mr/Mrs/Ms* )		holding Passport No.:			
Name and Designation		Signature and Official Stamp			
Name and Organisation		Country code	Area code	Office tel no.	
			_		
Email address	<del></del>	Country code	Area code	Office tel no.	
	y's Ministry of Foreign <i>i</i>	·			
	y's Ministry of Foreign <i>i</i>	·		or Technical Assistance	
Endorsement by the nominating countr	y's Ministry of Foreign <i>i</i>	Affairs or the Nationa	al Focal Point fo	or Technical Assistance	
Endorsement by the nominating countr	y's Ministry of Foreign /	Affairs or the Nationa	al Focal Point fo Email Addre	or Technical Assistance	
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Endorsement by the nominating countr	y's Ministry of Foreign /	Affairs or the Nationa	al Focal Point fo Email Addro Ministry's Offici	or Technical Assistance  ess al Stamp )	
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