



# FMM INSTITUTE (Centre for Professional Development)

Wisma FMM, No. 3, Persiaran Dagang, PJU 9, Bandar Sri Damansara, 52200 Kuala Lumpur  
Tel: 03-62867200 Fax: 03-62776712 E-mail: [nora@fmm.org.my](mailto:nora@fmm.org.my) / [norsyamira@fmm.org.my](mailto:norsyamira@fmm.org.my)

## FMM Certificate in Malaysian Employment Law



SBL SCHEME

This programme provides an understanding of salient provisions of the Employment Act 1955 and amendments, Employees Provident Fund, Act 1991, Workmen's Compensation Act 1952, Children and Young Persons (Employment) Act 1966, and Employees Social Security Act, 1969 and some related legislations under the purview of the HR for application at workplace.



### COURSE OBJECTIVES

At the end of the programme, participants will gain in-depth knowledge of the salient regulatory provisions:

- Be equipped with knowledge on the regulatory provisions of the Malaysia Employment Act and related employment legislations
- Understand the regulatory requirements on EPF & SOCSO and to comply with the responsibility as employer and employee
- Practise adherence and compliance to employment of children and young persons
- Gain understanding of common employment practices at workplace

### ENTRY REQUIREMENTS

- Minimum MCE/SPM/SPVM education level
- Minimum 1 year working experience

### WHO SHOULD ATTEND

Heads of Department, Managers, Executives and Supervisors.

### COURSE STRUCTURE

Contact Days/Hours : 4 days / 28 hours  
Lecture Days : Saturday & Sunday

#### Evaluation

Assignment : 100 %

### ADMINISTRATIVE DETAILS

Date : **April 4, 5, 11 & 12, 2020**  
Time : 9.00 pm – 5.00 pm

Venue : **FMM Institute**  
2<sup>nd</sup> Floor, Wisma FMM  
No.3, Persiaran Dagang, PJU 9  
Bandar Sri Damansara  
52200 Kuala Lumpur

Fees : Member **RM 2,650.00** per pax *(Inclusive of ST)*  
Non-Member **RM 3,180.00** per pax *(Inclusive of ST)*  
*(Refreshment and lunch will be provided)*

Completed registration form that is faxed, mailed or e-mailed to FMM Institute would be deemed as confirmed.

All cancellations must be made in writing. There will be no charge for cancellation received 14 or more working days before the start of the programme.

Cancellation received 7 – 13 working days before the start of the programme is subject to a cancellation fee of 50% of the course fees.

Cancellation received 0 – 6 working days before the start of the programme is subject to a cancellation fee of 100% of the course fees.

If the participant fails to attend the programme, the full course fees are payable. However, replacement can be accepted at no additional cost.



**FMM INSTITUTE** *(Centre for Professional Development)*

Wisma FMM, No. 3, Persiaran Dagang, PJU 9, Bandar Sri Damansara, 52200 Kuala Lumpur  
Tel: 03-62867200 Fax: 03-62776712 E-mail: [nora@fmm.org.my](mailto:nora@fmm.org.my) / [norsvamira@fmm.org.my](mailto:norsvamira@fmm.org.my)

## **FMM Certificate in Malaysian Employment Law**

### **COURSE CONTENTS**

---

- **Introduction**
- **Essentials Aspects of The Employment Act 1955 and Amendments**
- **The Essentials Aspects of the Children and Young Persons (Employment) Act 1966**
- **The Essentials Aspects of the Employees Provident Fund Act 1991**
- **The Essentials Aspects of the Employees's Social Security Act 1969**
- **The Essentials Aspects of the Workmen's Compensation Act 1952**



**REGISTRATION FORM**

**FMM Certificate in Malaysian Employment Law**

**Saturday & Sunday, Date: April 4, 5, 11 & 12, 2020 Venue : FMM Institute, Kuala Lumpur**

(To be completed in BLOCK LETTERS)

**A. PERSONAL PARTICULARS**

Full Name (Mr/Ms) : \_\_\_\_\_ NRIC No. \_\_\_\_\_

Designation : \_\_\_\_\_ Name of Company : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
(if different from permanent address)

Tel No. (H) : \_\_\_\_\_ (O) : \_\_\_\_\_ Fax No. : \_\_\_\_\_

E-mail Address : \_\_\_\_\_ H/P No: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Nationality : \_\_\_\_\_ Race : \_\_\_\_\_

**B. EDUCATIONAL BACKGROUND**

Name of School / Institution	Years Attended		Highest Qualification Obtained
	From	To	
Secondary : _____	_____	_____	_____
College / University : _____	_____	_____	_____
Any Special Professional Course : _____	_____	_____	_____

**C. SPONSORSHIP**

Company Sponsored       Self Sponsored      Please Tick (√)

**D. SUBMITTED BY** (To be filled if sponsored by company)

SBL       Non Contributor      Please Tick (√)

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address : \_\_\_\_\_

Tel No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

FMM Membership No: \_\_\_\_\_ My Corporate Identity No : \_\_\_\_\_

**E. DECLARATION**

**I hereby declare that the information provided is correct and complete.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Advice:**  
Enclosed cheque/bank draft No. \_\_\_\_\_ for RM \_\_\_\_\_ being payment for \_\_\_\_\_ participant(s) made in favour of "FMM Institute".