FMM PENANG WORKSHOP

PGB/106/2026
4/11/2026

Competency-Based Training Needs Assessment (CBTNA)

❖ **November 30, 2026** ❖ **8.30 am – 5.00 pm** ❖ **FMM Seberang Jaya**

INTRODUCTION & OBJECTIVE

- In recent years almost all of the industries are struggling from recovery of economy. Competency-based Training Needs Assessment (CBTNA) not only will value-added to your work, but also release commitment of people development and make it more clear on the needs in training to achieve future organization objective.
- Know how to develop CBTNA
- Assess performance gaps which due to skill shortage
- Conceptualize the whole process
- Practice the propose steps in TNA

WHO SHOULD ATTEND

- Training & development officer; Training Manager/Executives etc

SPEAKER

Ahmad Fauzi bin Abdul Wahab is presently a freelance trainer. He has worked in large multi-national organisations as well as local conglomerates for over 23 years. He graduated with a Ph.D from UPM, an MBA from USM as well as Bachelor's degree in Applied Science (Applied Chemistry) from Western Australia. He has worked in various functional areas from Sales, Human Resources, Training & Development, Business Development and Customer Accounts Management.

ENQUIRIES & REGISTRATION

Ms Suguna:**suguna@fmm.org.my**
Ms Owe Yean Roei:**yean_roei@fmm.org.my**
Tel: 04 399 2057
Maybank Account No: 5074 0650 4502

ADMINISTRATIVE DETAILS

Date : November 30, 2026
Time : 8.30 am – 5.00 pm
Venue : FMM Seberang Jaya
Fees : FMM Members – RM 648.00 per pax (inclusive SST)
: Non-Members – RM 702.00 per pax (inclusive SST)
(Inclusive of programme materials & certificate)

CANCELLATION & REFUND

- No refund for cancellation within 2 days prior to the programme
- 50% refund for cancellation between 3-6days
- Full refund for cancellation 7 days prior to the programme
- Registered participants who do not turn up will be charged accordingly
- No additional cost for replacement
- Cancellation must be made in writing



PROGRAMME	
8.30 am	**Registration**
9.00 am	Course Contents **Module 1: Competency Based Training Needs Assessment (CBTNA) Concept** -CBTNA System -Workaround -Benefit to Organization **Module 2: Train with Objective** -Top-to-bottom Approach -Mapping Strategy to Competency -Training Stakeholders' Commitment **Module 3: Training Assessment** -Data Collection Methodologies -Departmental Strategy Alignment -Competencies Development **Module 4: Training Implementation** -Pre-Implementation -Training Implementation with Action Plan -Post-Training
5.00 pm	**End of Programme**
	Break (10.00am) **Lunch (12.30pm)** **Break (3.00pm)** **Note:* **FMM reserves the right to cancel or reschedule the programme**

- *FMM reserves the right to cancel or reschedule the programme.*
- *All efforts will be taken to inform registered participants of any changes.*
- *Attendance is by prior registration only.*
- *Registration form must be completed and returned to FMM Penang by **November 23, 2026** with the correct payment in crossed cheque or bank draft made in favour of **'Federation of Malaysian Manufacturing'**.*
- *For **SBL-Khas Scheme**, grant approval must be forwarded to FMM Penang at least 3 days before the event date*

We hereby confirmed that: *(Please tick (✓) in the appropriate box)*
☐ We will be claiming under **SBL-Khas Scheme** and full payment would be made to **Federation of Malaysian Manufacturing** in the event that no disbursement from HRDF under any circumstances.
☐ We will NOT be claiming under **SBL-Khas Scheme**. Enclosed cheque/bank draft No. _____ for RM _____ being payment made for ___ participant(s) made in favour of **Federation of Malaysian Manufacturing.**

HRDF Training No**: 10001687531**
Scheme Name: **HRD Corp Claimable Courses**
MyCoID: **007907X_PENANG**
Training Provider: **FEDERATION OF MALAYSIAN MANUFACTURING (PENANG)**

To: FMM Penang Branch
(Attn: Ms Suguna / Ms Owe Yean Roei)
Tel: 04-399 2057

Please register the following participants for the workshop:

1 Name: _____
NRIC: _____
Designation: _____
Email: _____

2 Name: _____
NRIC: _____
Designation: _____
Email: _____

(Please attach a separate list if space is insufficient)

❑ Please tick (✓) if you require Vegetarian meal for _____person(s)
❑ Please tick (✓) if you require an **Invoice**

Submitted by:
Name: _____
Designation: _____
Company: _____
Address _____
New ROC No: _____
_____
Email:_____ FMM Membership No: _____
SST No: _____ TIN No: _____
Tel:_____ Fax:_____

Enclosed is our cheque/ bank draft No.: _____ for RM _____ being payment for participation fees for _____ participant(s) made in favour of **'*Federation of Malaysian Manufacturing*'**.

SK