

PENGAMBILAN - /

PKBN -



PROGRAM KHIDMAT BAKTI NEGARA
NATIONAL SERVICE PROGRAMME
BORANG PENDAFTARAN PELATIH
TRAINEE REGISTRATION FORM

* Pemohon mestilah berumur antara 16 - 21 tahun dan memegang Kad Pintar Kuning atau Ungu sahaja.
* Applicant must be between 16 - 21 years old and holding either Yellow or Purple Smart Identification Card only.

* Sila isikan bahagian yang berkenaan dalam borang ini.
* Please complete all the related sections of this form.

* Sila sertakan salinan Kad Pintar dan Dua (2) Keping Gambar Terkini (Berukuran Pasport).
* Please attach a copy of your Smart Identification Card and Two (2) Recent Photos (Passport Size).

* Borang yang lengkap hendaklah dihantar oleh Pemohon terus ke Urusetia BKBN.
* Completed form must be handed directly by the applicant to National Service Division Secretariat.

* Hanya borang yang lengkap sahaja akan diterima untuk proses selanjutnya.
* Only completed form will be accepted for further processing.

Gambar Terkini
Recent Photo

BAHAGIAN 1 / SECTION 1 : KETERANGAN DIRI PEMOHON / APPLICANT'S PARTICULARS

Sila Tandakan (✓) dimana berkenaan. Please tick (✓) where applicable.

Nama Penuh Seperti di dalam Kad Pintar / Pasport
Full Name as stated in NRIC / Passport

No. Kad Pintar / Pasport - **Warna / Colour**
NRIC / Passport No.

Tarikh Lahir **Umur / Age**
Date of Birth

Alamat Rumah **Poskod / Post Code**
Home Address

Alamat Persuratan **Poskod / Post Code**
Mailing Address

No. Telefon **Telefon Bimbit**
Telephone No. **Rumah / Home Pejabat / Office** *Mobile Phone*

Alamat Emel
Email Address

Warganegara / Nationality **Negara Brunei Darussalam / Brunei Darussalam** **Penduduk Tetap / Permanent Resident**

Bangsa / Race Melayu / Malay Cina / Chinese Iban Murut Lain-lain, sila nyatakan / Others, please state

Ugama / Religion Islam / Muslim Kristian / Christian Hindu Buddha / Buddhist Lain-lain, sila nyatakan / Others, please state

Taraf Kelamin / Marital Status Bujang / Single Kahwin / Married Lain-lain, sila nyatakan / Others, please state

SULIT (Jika Dilengkapkan)
CONFIDENTIAL (When Completed)

BAHAGIAN 2 / SECTION 2 : AKADEMIK PEMOHON / APPLICANT'S ACADEMIC

Adakah masih bersekolah?

Are you still schooling?

Jika YA, sila nyatakan nama sekolah dan tingkatan

if YES, please state the name of school and form

Nama / Name

.....

Tingkat / Form

Jika TIDAK, sila nyatakan pendidikan tertinggi dihadiri

if NO, please state the highest education attended

Tingkat / Form

Jika SUDAH BEKERJA, sila nyatakan pekerjaan

if ALREADY WORKING, please state the job

Pekerjaan / Job

Adakah awda pernah menghadiri Sekolah Ugama?

Have you ever attended Religious School?

Jika YA, sila nyatakan kelas tertinggi dihadiri

if YES, please state the highest class attended

.....

BAHAGIAN 3 / SECTION 3 : MAKLUMAT TAMBAHAN / ADDITIONAL INFORMATION

Sila nyatakan adakah awda aktif dalam kegiatan berikut:

Please indicate if you are active in the following activities:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Berenang
<i>Swimming</i> | <input type="checkbox"/> Berlari
<i>Running / Jogging</i> | <input type="checkbox"/> Berjalan Cergas
<i>Brisk Walking</i> | <input type="checkbox"/> Merentas Hutan
<i>Hiking</i> |
| <input type="checkbox"/> Senamrobik / Zumba
<i>Aerobics / Zumba</i> | <input type="checkbox"/> Pasukan Beruniform (Kadet)
<i>Uniform Team (Cadet)</i> | <input type="checkbox"/> Lain-lain, sila nyatakan
<i>Others, please state</i> | |

Sila nyatakan jika mempunyai sebarang pantang dalam permakanan

Please state if you have any dietary restriction

BAHAGIAN 4 / SECTION 4 : KETERANGAN IBUBAPA / PENJAGA / PARENT / GUARDIAN PARTICULARS

Nama Penuh <i>Full Name</i>																					
Alamat Rumah <i>Home Address</i>																	Poskod / Post Code				
																	Poskod / Post Code				
Alamat Persuratan <i>Mailing Address</i>																	Poskod / Post Code				
																	Poskod / Post Code				
No. Telefon (Jika berlaku kecemasan) <i>Telephone No. (In any case of emergency)</i>	Rumah / Home								Telefon Bimbit												
	Pejabat / Office								Mobile Phone												
Alamat Emel																					
Hubungan <i>Relationship</i>																					

BAHAGIAN 5 : BAHAGIAN PENGISYTIHARAN KESIHATAN - UNTUK DILENGKAPI DAN DITANDATANGANI OLEH PEMOHON

SECTION 5 : HEALTH DECLARATION SECTION - TO BE COMPLETED AND SIGNED BY APPLICANT

Pemohon hendaklah mengisikan borang ini dengan lengkap, dan seterusnya menyerahkan kepada Pegawai Perubatan semasa membuat pemeriksaan, beserta dengan Surat Pengesahan dan Dokumen Perubatan yang berkenaan.

The applicant must complete this form and hand it over to the Medical Officer at the time of examination, together with the accompanying Letter of Confirmation and relevant Medical Documents.

Pemohon adalah bertanggungjawab atas segala kesahihan keterangan didalam borang ini dengan penuh kerelaan termasuklah terhadap penyakitnya sendiri.

The applicant must be responsible for the accuracy of all statements willfully including for their own ailments.

Adakah awda pernah mengalami: / Have you ever had any of the followings:

No.	Soalan / Questions	Ya Yes	Tidak No	Jika Ya, Sila Terangkan If Yes, Please provide details
1	Tekanan Darah tinggi / Desiran Jantung / Degupan Jantung Tambahan / Kegagalan Jantung / Implantasi Perentak Jantung / Lain-Lain Masalah Jantung <i>High Blood Pressure / Heart Murmur / Extra Heart Beat / Heart Failure / Pacemaker Implantation / Any Other Heart Abnormalities</i>			
2	Mengalami simptom-simptom seperti berikut semasa bersenam: sakit dada atau pening atau pitam atau kabak-kabak berlebihan <i>Experiencing any of the following symptoms during exercise: chest pain or dizziness or blackout or extreme palpitations</i>			
3	Rasa sesak nafas yang tidak seimbang dengan intensiti senaman <i>Feeling short of breath which is out of proportion to the intensity of the exercise</i>			
4	Sejarah Keluarga seperti berikut: Masalah jantung yang hereditari atau Kematian mengejut disebabkan masalah jantung atau Kegagalan jantung <i>Family History as follows: Hereditary Cardiac Disorder or Sudden Cardiac Death or Heart Failure</i>			
5	Ampus / Jangkitan Paru-Paru / Batuk Kering / Lain-Lain Masalah Paru-Paru <i>Asthma / Bronchitis / Tuberculosis / Other Lung Problems</i>			
6	Masalah Buah Pinggang <i>Kidney Problems</i>			
7	Sawan / Epilepsi / Pengan / Sakit Kepala yang kerap / Pening yang kerap <i>Fits / Epilepsy / Fainting Attack / Frequent Headaches / Frequent Dizziness</i>			
8	Masalah Darah seperti Talasemia Major / Hemofilia <i>Blood Disorders e.g. Thalassaemia Major / Haemophilia</i>			
9	Kurang Penglihatan / Buta Warna / Lain-Lain Masalah Mata <i>Poor Vision / Colour Blind / Other Eye Problems</i>			
10	Kurang Pendengaran / Pekak <i>Poor Hearing / Deafness</i>			
11	Kecedaran Tulang atau Sendi dalam masa satu (1) tahun / Sajahan / Sakit Sendi <i>Bone or Joint Injury within the last one (1) year / Gout / Joint Pains</i>			
12	Kencing Manis <i>Diabetes</i>			
13	Masalah Kesihatan Mental seperti Kemurungan, Mania, Kebimbangan Berlebihan, Psikosis, Masalah Obsesif Kompulsif <i>Mental Health Problems such as Depression, Mania, Anxiety, Psychosis, Obsessive Compulsive Disorder</i>			
14	Alahan kepada Ubat-Ubatan <i>Allergic to Medicines</i>			
15	Alahan kepada Makanan <i>Food Allergies</i>			

SULIT (Jika Dilengkapkan)
CONFIDENTIAL (When Completed)

Mukasurat 3 - 10

No.	Soalan / Questions	Ya Yes	Tidak No	Jika Ya, Sila Terangkan If Yes, Please provide details
16	Penyakit Berjangkit seperti Hepatitis / HIV / Penyakit Hubungan Kelamin <i>Infectious Diseases e.g. Hepatitis / HIV / Sexually Transmitted Diseases</i>			
17	Pembedahan dalam masa satu (1) tahun yang lalu <i>Surgery within the last one (1) year</i>			
18	Rawatan Perubatan dalam dua (2) tahun yang lalu <i>Regular Medical Treatment within the last two (2) years</i>			
19	Mengandung (Untuk Perempuan) <i>Pregnancy (For Female)</i>			
20	Merokok <i>Smoking</i>			
21	Lain-Lain <i>Others</i>			

Saya mengisytiharkan bahawa semua jawapan yang tersebut diatas adalah betul dan lengkap.

I hereby declare that the answers given above are true and completed.

Tandatangan Pemohon
Applicant's Signature

Tandatangan Ibumama / Penjaga
Parent's / Guardian's Signature

Tarikh / Date

BAHAGIAN 6 : PEMERIKSAAN DAN PENGESAHAN PERUBATAN OLEH PEGAWAI PERUBATAN
SECTION 6 : MEDICAL CHECK AND CERTIFICATION BY MEDICAL OFFICER

**** NOTE TO ATTENDING DOCTOR ****

National Service Programme (PKBN) training consists of a variety of high intensity activities / exercises.

Applicants who have the following conditions are not accepted to participate in the National Service Program (PKBN) training:

- * Body Mass Index that is less than 17 or more than 34.9;*
- * Active medical illness including:*
 - Hypertension ;*
 - Diabetes ;*
 - Heart Problems;*
 - Pulmonary Tuberculosis;*
 - Frequent Asthma Exacerbation within one (1) year (3 times or more) or recent Intensive Care Unit admission within one (1) year;*
 - Blood disorders such as Thalassaemia Major, Haemophilia, Anaemia (Haemoglobin 10 and below), Leukaemia (2 years or less after completing treatment) ;*
 - Neurological disorders such as epilepsy, fainting attacks, frequent headaches, frequent dizziness;*
 - Renal problems ;*
 - Skin disorder such as moderate to severe widespread eczema, psoriasis;*
 - Autoimmune diseases;*
 - Musculoskeletal problems such as bone injury within one (1) year, joint injury within three (3) months or less and frequent gout attack within one (1) year,*
- * Eye problems such as colour blindness, glaucoma, poor vision;*
- * Poor hearing or deafness;*
- * Major surgery within one (1) year ;*
- * Severe allergic reaction requiring treatment and / or needing admission to hospital;*
- * Disability – physical, developmental, behavioural;*
- * Mental Health / Psychological Problems such as Schizophrenia, moderate to severe Depression, moderate to severe Generalised Anxiety Disorder, Bipolar Disorder, moderate to severe Panic Disorder, Obsessive Compulsive Disorder;*
- * Sexually transmitted diseases requiring regular treatment;*
- * Pregnant.*

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No.	System	Findings		Remarks (only to be filled in when further management is needed)
1	a Height (cm)			
	b Weight (kg)			
	c BMI (if BMI < 17 and > 34.9 is unfit)			
	d Smoker	Yes / No		
VACCINATION STATUS				
2	a Hepatitis B			
	b Influenza			
	c Tetanus			
EYE EXAMINATION (Examination to be performed by Eye Doctor)		RIGHT	LEFT	
3	a Uncorrected Vision			
	b Vision corrected with glasses			
	c Fundus			
	d Colour Vision			
	e Other Findings			
	f	Please circle: Fit / Unfit Note to attending doctor: Unfit includes colour blindness, poor vision, glaucoma or any eye condition that may worsen with high intensity exercise)		
_____		_____		
Medical Officer's Name and Signature		Date		
EAR EXAMINATION		RIGHT	LEFT	
4	a Pinna			
	b Auditory Canal			
	c Tympanic Membrane			
	d Hearing			
	e Other Findings			
	f	Note to the attending doctor: To give appropriate advice especially with regards to swimming activities if participant is found to have any chronic ear condition e.g. Chronic TM Perforation - to indicate this in section 19 .		
RESPIRATORY SYSTEM EXAMINATION				
5	a Air Entry			
	b Breath Sounds			
	c Other Findings			
CARDIOVASCULAR SYSTEM EXAMINATION				
6	a Pulse (Rate & Rhythm)			
	b Blood Pressure			
	c Heart Sounds			
	d Other Findings			
ABDOMEN EXAMINATION				
7	a Liver			
	b Spleen			
	c Hernia Orifices			
	d Other Findings			

SULIT (Jika Dilengkapkan)
CONFIDENTIAL (When Completed)

No.	System	Findings	Remarks (only to be filled in when further management is needed)
MUSCULOSKELETAL EXAMINATION			
8	a Gait		
	b Reflexes		
	c Power		
	d Other Findings		
NERVOUS SYSTEM EXAMINATION			
9	a Upper Limbs		
	b Lower Limbs		
	c Spine		
	d Other Findings		
10	Skin		
11	Thyroid		
12	Any other examinations including psychiatric assessment, if indicated. Please state.		
EXERCISE			
13	Is the applicant physically active i.e. defined as doing at least 30 minutes of moderate intensity structured exercise 2 - 3 times per week?		
	Note to the attending doctor: if NO to the above, applicant is required to undergo two (2) weeks introductory pre-conditioning programme set by the National Service Division. Please state in section 19 .		Yes / No
CHEST X-RAY			
14	a X-ray No.		
	b X-ray Report		
ELECTROCARDIOGRAM (ECG)			
15	a ECG results		
URINE			
16	a ME		
	b Pregnancy Test		
	c Drug Screening		
BLOOD			
17	a Hb		
	b Creatinine		
	c Random Blood Sugar		
	d Hepatitis B Surface Antigen		
	e Hepatitis B Antibody		

18	<input type="checkbox"/> Fit . <input type="checkbox"/> Fit - with special considerations (to state in section no. 19). <input type="checkbox"/> Unfit .
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%; border-top: 1px solid black; padding-top: 5px;">Medical Officer's Name and Signature with Official Stamp</div> <div style="width: 35%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>	

UNTUK PERHATIAN PEGAWAI PERUBATAN / PEGAWAI JURURAWAT / JURURAWAT PROGRAM KHIDMAT BAKTI NEGARA (PKBN) FOR THE ATTENTION OF NATIONAL SERVICE PROGRAMME (PKBN) MEDICAL OFFICER / NURSING OFFICER / NURSE

19	<input type="checkbox"/> Pastikan air tidak masuk kedalam telinga seperti menggunakan penyumbat telinga ketika melakukan aktiviti berenang disebabkan mempunyai masalah telinga seperti gegendang telinga berlubang kronik / To ensure water does not get into the ears such as using ear plugs whilst swimming due to having ear conditions such as chronic perforated eardrum <input type="checkbox"/> Diperlukan untuk menjalani Program Pengenalan Pra-syarat Required to undergo two (2) weeks Introductory Pre-conditioning Programme <input type="checkbox"/> Lain-Lain (Sila Nyatakan) / Others (Please State): _____
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BAHAGIAN 7 / SECTION 7 : PENGISYTIHARAN / DECLARATION

Untuk Pemohon Berumur 18 Tahun dan Keatas Sahaja
For Applicant Aged 18 Years Old and Above Only

Saya mengisytihar dan mengesahkan bahawa segala maklumat serta keterangan yang telah saya berikan di dalam Borang Pendaftaran Pelatih ini adalah lengkap dan benar.

I declare and certify that all the information and details that I have given in this Trainee's Registration Form are complete and true.

Nama Pemohon: <i>Applicant's Name:</i>																					
Tandatangan Pemohon: <i>Applicant's Signature:</i>											Tarikh: <i>Date:</i>										

Untuk Pemohon Berumur Dibawah 18 Tahun Sahaja
For Applicant Below The Aged of 18 Years Old Only

Saya mengisytihar dan mengesahkan bahawa segala maklumat serta keterangan mengenai anak saya yang telah diberikan di dalam Borang Pendaftaran Pelatih ini adalah lengkap dan benar.

I declare and certify that all the information and details pertaining to my child given in this Trainee's Registration Form are complete and true.

Nama Ibubapa / Penjaga Pemohon: <i>Applicant's Parent / Guardian Name:</i>																					
Tandatangan Pemohon: <i>Applicant's Parent / Guardian Signature:</i>											Tarikh: <i>Date:</i>										

BAHAGIAN 8 / SECTION 8 : UNTUK KEGUNAAN PEJABAT SAHAJA / FOR OFFICE USE ONLY

<p style="text-align: center;">Untuk dilengkapkan oleh Urusetia Bahagian Khidmat Bakti Negara [BKBN]</p> <p style="text-align: center; font-size: small;"><i>to be completed by Secretariat of</i> <i>National Service Division</i></p>	<p style="text-align: center;">Borang ini telah diterima dan diperiksa oleh / This form is received and checked by :</p> <p>Name / Name _____</p> <p>Jawatan / Position _____</p> <p>Tandatangan / Signature _____</p> <p>Tarikh / Date _____</p> <p>Catitan / Remarks _____</p>
<p style="text-align: center;">Untuk dilengkapkan oleh Pegawai Jururawat / Ketua Jururawat / Jururawat Bahagian Khidmat Bakti Negara [BKBN]</p> <p style="text-align: center; font-size: small;"><i>to be completed by Nursing</i> <i>Officer / Head Nurse / Nurse of</i> <i>National Service Division</i></p>	<p style="text-align: center;">Pengesahan Perubatan / Medical Verification :</p> <p style="text-align: center;"><input type="checkbox"/> Sihat / Fit <input type="checkbox"/> Sihat Dengan Syarat / Fit With Condition(s) <input type="checkbox"/> Tidak Sihat / Unfit</p> <p>Name / Name _____</p> <p>Jawatan / Position _____</p> <p>Tandatangan / Signature _____</p> <p>Tarikh / Date _____</p> <p>Catitan / Remarks _____</p>
<p style="text-align: center;">Untuk dilengkapkan oleh Pegawai Kanan / Pegawai Sektor Pengurusan dan Pentadbiran, Bahagian Khidmat Bakti Negara [BKBN]</p> <p style="text-align: center; font-size: small;"><i>to be completed by Senior Officer</i> <i>/ Officer of Management and</i> <i>Administration Sector, National</i> <i>Service Division</i></p>	<p style="text-align: center;">Borang ini telah diperiksa dan disahkan oleh / This form has been checked and verified by :</p> <p style="text-align: center;"><input type="checkbox"/> Disokong / Recommended <input type="checkbox"/> Tidak Disokong / Not Recommended</p> <p>Name / Name _____</p> <p>Jawatan / Position _____</p> <p>Tandatangan / Signature _____</p> <p>Tarikh / Date _____</p> <p>Catitan / Remarks _____</p>
<p style="text-align: center;">Untuk dilengkapkan oleh Pengarah Khidmat Bakti Negara</p> <p style="text-align: center; font-size: small;"><i>to be completed by the Director</i> <i>of National Service</i></p>	<p style="text-align: center;">Penerimaan Latihan / Training Acceptance</p> <p style="text-align: center;"><input type="checkbox"/> Diterima / Accepted <input type="checkbox"/> Tidak Diterima / Not Accepted</p> <p>Name / Name _____</p> <p>Tandatangan / Signature _____</p> <p>Tarikh / Date _____</p>

