

	<p><b>OPERASI PERKHIDMATAN SOKONGAN</b></p> <p><b>FAKULTI PERUBATAN VETERINAR (HOSPITAL VETERINAR UNIVERSITI)</b> Kod Dokumen: OPR/FPV/BR029/AVO</p> <p><b>APPLICATION FOR EXTRACURRICULAR ACTIVITY/VOLUNTEER WORK AT UVH - UPM</b></p>
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Note:

1. Please submit this form to Deputy Dean (Hospital)/UVH Office at least two weeks before start of project.
2. Application form individuals/organization outside the Faculty must be attached with official application letter.
3. If assistance from UVH staff is required, please fill 'Request for Assistance of UVH Staff' Form, OPR/FPV/BR031/ASST.
4. Please check the status of your application at UVH Office one week after submitting your form.

<b>I REQUESTER INFORMATION</b>			
Name :	_____	Staff/Matric/ID No. :	_____
Course :	_____	Year :	_____
Address :	_____	Telephone :	_____
	_____	E-mail :	_____
<b>In case of emergency, please contact:</b>			
Name :	_____	Relationship :	_____
Address :	_____	Tel. (House) :	_____
	_____	Tel. (Office) :	_____
	_____	Tel. (H/Phone) :	_____

<b>II DETAILS OF ACTIVITY (Attachment if necessary)</b>			
<b>A. Objectives, Method etc.</b>			
<b>B. Duration of Activity</b>			
Date	Time	Location	Additional Details (If any)

**C. Other Requirements**

(Please state in details if you need to use drugs, suture materials, equipments etc.)

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**D. Assistance from UVH Staff**

- Yes (Please fill up 'Request for Assistance of UVH Staff' Form, FPV/UVH/B105)
- No

**III PREVIOUS VETERINARY RELATED WORK EXPERIENCE**

Year	Place	Designation	Work Description

**IV PLEDGE**

I am aware of the rules, client-confidentiality, conduct of behaviour and dress code required of me and will abide by them to uphold the good image of UVH.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**V SECONDED BY SUPERVISOR/ACADEMIC ADVISOR**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI FOR OFFICIAL USE**

Date received: \_\_\_\_\_

Comments (if any):

This application is:

- Approved
- Not Approved

Report required at the end of activity?

- Yes
- No

Signature : \_\_\_\_\_

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

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

Date : \_\_\_\_\_

- Cc to: 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Requester informed by,

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

Date/Time: \_\_\_\_\_