**APPLICATION FORM FOR CERTIFIED PRODUCTIVITY SPECIALIST**

Please complete all fields and where sections are not applicable, please indicate “N.A.”. All supporting documents for application must be submitted together with your application. Incomplete application shall not be processed. Please contact the secretariat at email: [npscblk@gmail.com](mailto:npscblk@gmail.com) should you have any enquiries.

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| For Official Use |
| Applicant Reference: |

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| **APPLICANT PERSONAL PARTICULARS** | | | | | |
| Full Name |  | | | | |
| Nationality: |  |  |  | Country of Birth: |  |
| Passport No.: |  |  |  | Date of Birth: |  |
| Gender: |  | | | | |
| Correspond Address: |  | | | | |
|  | | | | |
| Home Phone: |  | | | Mobile Phone: |  |
| Business Phone: |  | | | Email Address: |  |

Please attach a recent passport-sized photograph with your name written at the back. Digital copy with signature is acceptable.

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| **EMPLOYMENT BACKGROUND** (List Most Recent Employment FIRST) | | | | | | | | | | | |
| Name of Company | | | Position | | | Period ( YYYY ) | | | | | |
| From | | | To | | |
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Please attach your Curriculum Vitae.

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| **EDUCATIONAL & ACADEMIC BACKGROUND** ( List Most Recent Qualification FIRST ) | | | | | | | | | | | |
| Name of Educational Institution | | | Education Level Attained | | | Period ( YYYY ) | | | | | |
| From | | | Till | | |
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Please attach copies of the certificates with your application.

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| **PROFESSIONAL CERTIFICATION** | | | | | | | | | | | | | | |
| Name of Organization / Certification Body | | | Certification | | | Year Joined | | | Validity (MMM- YYYY ) | | | | | |
| From | | | Till | | |
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Please attach copies of the certificates with your application.

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| **APPLICANT’S AREA OF INDUSTRY EXPERIENCE** ( Check where applicable ) | | | | | |
| **☐** | **Public** | **☐** | **Private** | **☐** | **Community** |

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| ☐ | Digital Productivity | ☐ | Healthcare | ☐ | Electrical and Electronics | | |
| ☐ | Chemicals and Chemical | ☐ | Tourism | ☐ | Retail and F&B | | |
| ☐ | Professional Services | ☐ | Agro-food | ☐ |  |  |  |
| ☐ | Education | ☐ | All Island Services |  |  |  |  |
| ☐ | Other Services | ☐ | Machinery and Equipment |  |  |  |  |

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| **APPLICANT’S AREA OF PRODUCTIVITY EXPERTISE** (Check where applicable)   1. Applicants must have knowledge and experience in productivity diagnosis technics. 2. Applicants must have knowledge and understandings of at least 8 Productivity Solutions under the category of basic and focus productivity improvement solution. Note: Each area declared shall be supported with a copy of certificate of attendance of the respective course attended. | | | | | | | | | | | |
| PRODUCTIVITY DIAGNOSIS | | | | | | | | | | | |
| ☐ | Productivity Measurement | | | ☐ | Business Excellence Analysis | | | ☐ | Financial Analysis | | |
| ☐ | Organization Climate Survey | | | ☐ |  | | | ☐ |  | | |
| ☐ |  | | | ☐ |  | | | ☐ |  | | |
| BASIC PRODUCTIVITY IMPROVEMENT SOLUTIONS | | | | | | | | | | | |
| ☐ | 5S | | | ☐ | ICC (Innovative and Creative Circle) | | |  | Employee Suggestion Scheme | | |
| ☐ | Industrial Engineering | | | ☐ | Labour Management Relation | | | ☐ | Team Building | | |
| ☐ |  | | | ☐ |  | | | ☐ |  |  |  |
| ☐ |  |  |  | ☐ |  |  |  | ☐ |  |  |  |
| FOCUS PRODUCTIVITY IMPROVEMENT SOLUTIONS | | | | | | | | | | | |
| ☐ | Balanced Scorecard | | | ☐ | IOT (Internet of Think) | | | ☐ | TRIZ | | |
| ☐ | ISO 9000 | | | ☐ | ISO 14000 | | | ☐ | ISO 45000 | | |
| ☐ | ISO 22000 | | | ☐ | Material Flow Cost Accounting | | | ☐ | Green Productivity | | |
| ☐ | Statistical Control | | | ☐ | Business Excellence | | | ☐ | Design Thinking | | |
| ☐ | LEAN Management | | | ☐ | TPM (Total Productive Maintenance) | | | ☐ | Data Analytics | | |
| ☐ | Public Sector Productivity | | | ☐ | SIX Sigma | | | ☐ | Benchmarking | | |
| ☐ | Business Process Re engineering | | | ☐ | Change Management | | | ☐ | Customer Satisfaction | | |
| ☐ | Branding | | | ☐ | Knowledge Management | | | ☐ | Digital Transformation | | |
| ☐ | Human Resource Management | | | ☐ | Smart Manufacturing | | | ☐ | Total Quality Management | | |
| ☐ | Supply Chain Management | | | ☐ | Strategic Management | | | ☐ | Structured OJT | | |
| ☐ |  | | | ☐ |  | | | ☐ |  | | |
| ☐ |  | | | ☐ |  | | | ☐ |  | | |
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| **APPLICANT’S SERVICES** ( Check where applicable ) | | | | | |
| ☐ | Consulting | ☐ | Research | ☐ | Promotion |
| ☐ | Training |  |  |  |  |

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| **PRODUCTIVITY ROJECTS HOURS** | | | | | | | | |
| Note: You must have spent at least 200 hours on productivity solutions within the immediate past 12 months. | | | | | | | | |
| Client Company / Title of Assignment | Contact Person / Telephone / Email | Duration of Assignment (eg; Jun 2021to Jan  2022) | Team Size | Hours Spent by Team  (hours) | Your Role in Assignment | Hours Spent by Yourself  (Hours) | | |
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| Total Projects Hours (minimum of 200 hours in the last 12 months) | | | | | |  |  |  |
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| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT** | | | | | | | | | |
| DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken. | | | | | | | | | |
| Client Company: |  |  | |  | | | | | |
| Title of Project: |  |  | |  | | | | | |
| Project Period: |  |  | |  | | | | | |
| Contact Person: |  |  | |  | Title/Position: | |  |  |  |
| Email Address: |  |  | |  | Phone: | |  |  |  |
| Team Size: |  |  | |  | Hours Spent by Team: | |  |  |  |
| Your Project Role: |  |  | |  | Hours Spent by You: | |  |  |  |
| Type of project: ☐ Consultancy ☐ Training ☐ Research ☐Promotion | | | | | | | | | |
| Major Problems Encountered | | | Problem Resolution | | | Impact to Client | | | |
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| **Additional Information (if any):** | | | | | | | | | |
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Note: Please bring along actual project documents (project reports, slides, etc.) for verification during interview.

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| **APPLICANT’S PRODUCTIVITY IMPROVEMENT PROJECT (2)** | | | | | | | | | |
| DESCRIPTION OF ASSIGNMENT (Selected productivity improvement projects undertaken. | | | | | | | | | |
| Client Company: |  |  | |  | | | | | |
| Title of Project: |  |  | |  | | | | | |
| Project Period: |  |  | |  | | | | | |
| Contact Person: |  |  | |  | Title/Position: | |  |  |  |
| Email Address: |  |  | |  | Phone: | |  |  |  |
| Team Size: |  |  | |  | Hours Spent by Team: | |  |  |  |
| Your Project Role: |  |  | |  | Hours Spent by You: | |  |  |  |
| Type of project: ☐ Consultancy ☐ Training ☐ Research ☐Promotion | | | | | | | | | |
| Major Problems Encountered | | | Problem Resolution | | | Impact to Client | | | |
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| **Additional Information (if any):** | | | | | | | | | |
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| **APPLICANT DECLARATION** | |
| **I declare that:**   1. The information provided for the certification of Productivity Specialist and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. 2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law. 3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice. 4. I am not presently, nor have I been within the past three years, the subject of any client’s complaint filed with a past project works. 5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by an any professional association. 6. I have not been debarred from any government schemes/programs, etc. I acknowledge and agree that the PCBP reserves the right to ascertain the applicant’s claims with relevant parties (e.g. government agencies, associations, client contacts, etc.) 7. I am agreeable that the NPS-CB has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application. 8. I hereby agree that NPS-CB may collect, obtain and retain my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to NPS-CB.   **Upon being certified as a Registered Productivity Specialist:**   1. I shall abide by the NPS-CB Code of Professional Conduct and will be subjected to any disciplinary actions by NPS-CB if I breach the conditions stated in the Code of Professional Conduct. 2. I shall inform NPS-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements. | |
| **If applicable only:**  11. If you have any special requests to be accommodated by the NPS-CB to be a Certified Productivity Specialist, please provide details (with reasons) as follows. Otherwise, please indicate “N.A.”.  *(To use separate piece/s of paper if necessary.)* | |
| Name of Applicant: | Signature: |
| National Identity No.: | Date: |

# Checklist of Application Documents Submission:

* Completed and signed application form.
* Recent passport-sized photograph (digital copy is acceptable).
* Cheque of \_\_\_\_\_\_\_\_\_ for application and assessment fees. *(Not applicable)*
* Copy of the Certificate of Attendance of Productivity Courses for the 8 Productivity Solutions.
* Copy of Certificate of Attendance for CPS Preparatory Course.
* Results slips of CPS Examination.
* Copy of Curriculum Vitae.
* Copies of education or academic certificates.
* Copies of professional certifications (if any).
* 2 originals of written positive client testimonials for projects undertaken in the last 24 months (Scanned copies can be submitted via email. Originals shall be handed over to the Secretariat at time of the interview.)

Please email the above documentations to [npscblk@gmail.com](mailto:npscblk@gmail.com) and mail the signed copy of the application form together with the cheque, payable to “NPS-CB” to the below address. Alternatively, you may choose to submit all application documents in hard copies to the Certification Office.

NPS Certification Body

Address: National Productivity Secretariat, Sethsiripaya stage 2, Battaramulla.

Tel: 0112186030

Email: [npscblk@gmail.com](mailto:npscblk@gmail.com)