|  |  |  |  |
| --- | --- | --- | --- |
|  | **National Renal Registry** | *For office use:* |  |
| **Malaysian Society of Nephrology** | *Telephone:* | 603-22763686  603-22763687 |
| **Centre Personnel Information Update (Borang 6)** | *e-mail* | [nrr@msn.org.my](mailto:nrr@msn.org.my) |

*Kepada yang menjaga:*

* *Isikan borang ini dengan lengkap dan pulangkan kepada [nrr@msn.org.my](mailto:nrr@msn.org.my). Tandakan maklumat yang perlu digantikan/kemaskini.*
* *Setiap staf berdaftar dengan eNRR sekali sahaja. Ini adalah akaun DIRI anda. Akaun ini akan digunakan jika anda ada tambahan pusat atau pun sudah pindah ke pusat yang lain.*
* *Staf yang berkelulusan bidang perubatan atau para-perubatan sahaja yang boleh mengendalikan maklumat-maklumat pesakit.*

**Pilihkan perkhidmatan yang berkaitan untuk kemasakini** *(Pusat HD swasta perlu lampirkan satu salinan lesen CKAPS)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment service centre:** |  | HD |  | CAPD |  | Tx |  | Renal biopsy |

# **1 Centre information** *(Isi gunakan komputer. Jangan tulis )*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Haemodialysis centre information: | | | | | | | | |
| **Centre Name:** | | |  | | | | | |
| **Centre Address*:*** | | |  | | | | |
| Postcode: |  | | | City/Town: |  | State: |  |

1. **The following staff personal information need changes**

***(*** *Warnakan maklumat yang perlukan kemaskini )*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Information of staff concern:** | | | | | | | | |  | |  |
| ***Name:*** |  | | | | | | | | *Mykad No:* |  | |
| *Mobile phone:* |  | | | | *e-mail address:* | |  | | | | |
| **i) If the name above is a doctor:** | | | | | | | | |  | |  |
| *National Specialist Register No.:* | |  | | | | | | | | | |
| *# Completed 200 hours training:*  *(Lampirkan satu salina sijil “200 hrs trained”)* | | | | *Date completed:* | |  | | ***Note:*** | | | |
| **ii) If the name above is a Paramedic:** | | | | | | | | |  | |  |
| **If had Post Basic Renal Nursing :** *(Lampirkan satu salina sijil. Kosongkan jika anda belum ada kelulusan ini)* | | | | | | | | | | | |
| Nursing school name: | | |  | | | | | | | | |
| Date completed training: | | |  | | | | | | | | |
|  | | | | | | | | | | | |

|  |
| --- |
| Remarks: |

***Pengesahan daripada Manager pusat bahawa borang ini adalah benar.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name Pengurus Pusat |  | | | MyKad No.: |  | |
| *Mobile phone:* |  | e-mail address: |  | | |

***Perhatian!***

* + - 1. *HD swasta, diminta lampirkan gambar lesen CKAPS diborang ini.*
      2. *PIC bukan pakar nefrologi, sila lampirkan sijil ’200 Hours certificate’.*
      3. *Paramedic sila lampirkan sijil Post Basic Renal Nursing*
      4. *Demi PDPA, simpankan fail ini dengan “****Password****” sebelum pulangkan sebagai lampiran kepada NRR.*
      5. *Beritahu “****Password****” untuk buka lampiran ini melalui emel susuran; bukan email yang ada lampiran dokumen ini.*