

**DEPARTMENT OF REHABILITATION MEDICINE
HOSPITAL AL-SULTAN ABDULLAH
ATTACHMENT FORM**

All personnel shall complete this form.

1. Complete all sections. The attachment cannot be started if the form is not completed.
2. The department reserves the right to check details you provide on this form to assess suitability for attachment.
4. Details on this form are confidential.

PERSONAL INFORMATION

Salutation	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other		
Full Name			
Preferred Name			
Identity Card No./ Passport No.			
Citizenship	<input type="checkbox"/> Malaysian <input type="checkbox"/> Other _____		
D.O.B.	DD / MM / YYYY	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Contact No.		Email	
Address			
Postal Address	Same as above <input type="checkbox"/>		

EMERGENCY CONTACT

Full Name			
Relationship		Contact No.	
Address			
Full Name			
Relationship		Contact No.	
Address			

ATTACHMENT INFORMATION

Purpose			
Date	DD / MM / YYYY	to	DD / MM / YYYY
		Duration	

SUPERVISOR/ EMPLOYER INFORMATION

Full Name			
Contact No.		Email	
Address			

OFFICE USE

RECEIVE BY	
DATE	
APPROVE BY	
DATE	

Attachment Regulation

The Department of Rehabilitation Medicine, Hospital Al-Sultan Abdullah is committed to provide exceptional care to its patients while maintaining a harmonious work environment for its staff. To achieve this, please follow the following:

1. Please bring the approved attachment letter.
2. Please complete the Attachment Form.
3. Report to the Head of Department within the first week.
4. Please introduce yourself to staff members and patients and be respectful.
5. Please review the work and safety policies in the relevant area.
6. Fill out the following name tag, print it, and bring it on the first day of attachment. Wear the name tag at all times. Staff members have the right to question or ask you to leave the department if you do not comply to this rule. At the end of the attachment, please return the tag to the person in charge.

<p>●</p> <p>DEPARTMENT OF REHABILITATION MEDICINE HOSPITAL AL-SULTAN ABDULLAH UNIVERSITI TEKNOLOGI MARA</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center; color: gray;">STICK A RECENT PASSPORT PHOTO</div> <p>ATTACHMENT</p>
NAME WITH TITLE
DATE OF ATTACHMENT

By adhering to these regulations, together we can create a productive and positive experience for everyone involved.