



NCBM Awareness Program on Blindness & Community Rehabilitation

Objectives :

1. To create **awareness** regarding definition of **Blindness** and roles of **Prevention and Rehabilitation** in individuals with Visual Impairment.
2. To create **network** between the newly graduated **Ophthalmologists** and **NCBM** (and blindness associations under its umbrella).

Choose of Session : (15 participants / Sessions)

- | | | | |
|----------|-----------------------------------|----------|---------------------------------------|
| 1 | 6th March 2024 | 2 | 12th June 2024 |
| 3 | 7th August 2024 | 4 | 18th September 2024 |

Target Group: 4th Year of Master Trainees and Alternative Parallel Pathway Trainees
COMPULSORY SHORT COURSE BEFORE GRADUATE

Venue : NCBM, Unit 13-8, 13th Floor, Menara Sentral Vista, No. 150, Jalan Sultan Abdul Samad, Brickfields, 50470, Kuala Lumpur.

Programme :

11.00 – 12.30 pm	A walk through/site visit - How blind people can do their cores just like how everyone does - Mobility
12.30 – 1.00 pm	Registration
1.00 – 2.00 pm	Lunch/Prayer Break
2.00 – 2.30 pm	Briefing/Opening Remark – Blindness from the perspective of an eye-care provider
2.30 – 5.00 pm	What is Blindness -experiencing how it feels to be a blind person -covering 6 types of the different effects of being blind
	Different types of rehabilitation for the Blind
	Different supporting equipment available for the Blind
	Different types of Apps available for the Blind
	Networking with relevant organization

AMM Medical Specialist CPD (NSR Specialist only) / MMA-CPD (Specialist & Non-Specialist): 4 points

Contact for details: Pn Aliza Haron [Email: ophtha.secretariat@gmail.com OR Contact no: (603) 8996 0700]

NCBM Awareness Program on Blindness & Community Rehabilitation

Registration Form

CHOOSE YOUR SESSION: (Please tick)

<input type="checkbox"/>	6th March 2024	<input type="checkbox"/>	7th August 2024
<input type="checkbox"/>	12th June 2024	<input type="checkbox"/>	18th September 2024

PERSONAL INFORMATION (Please fill in the form with CAPITAL LETTERS)

Name : _____

Date of birth : ___/___/____ Gender : Male / Female

MYKAD / Passport No. : _____

Mobile No. : _____

Email Address : _____

Address : _____

University/Institution : _____

Category of Ophthalmology Training : Master Trainee Alternative Pathway Trainee

Which year: 1 / 2 / 3 / 4

System : In Campus Out Campus Floaters

Date of Admission : ___/___/____

FEES: RM20 (Pay at the NCBM - during Registration)

Signature : _____ Date : _____

**Seats are limited, do reserve early. Please complete and return registration form to this email:
ophtha.secretariat@gmail.com**