



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 **11th April 2022**

3 **22nd August 2022**

2 **20th June 2022**

4 **19th September 2022**

Target Group: • 2nd & 3rd Year Master Trainees • Alternative 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 :

12.30 – 1.00 pm	Registration
1.00 – 1.20 pm	Briefing/Opening Remark – Blindness from the perspective of an eye-care provider
1.20 -1.40 pm	What is Blindness - Experiencing how it feels to be a blind person - Covering 6 types of the different effects of being blind
1.40 – 3.10 pm	Different types of rehabilitation for the blind
3.10 – 3.30 pm	Different supporting equipment available for the blind
3.30 – 4.30 pm	A walk through/site visit - How blind people can do their cores just like how everyone does - Mobility
4.30 – 4.45 pm	Different types of Apps available for the blind
4.45 – 5.00 pm	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]

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Registration Form

CHOOSE YOUR SESSION: (Please tick)

<input type="checkbox"/>	11th April 2022	<input type="checkbox"/>	22nd August 2022
<input type="checkbox"/>	20th June 2022	<input type="checkbox"/>	19th September 2022

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: RM10 (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**