



# 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)

- |          |                                   |          |                                       |
|----------|-----------------------------------|----------|---------------------------------------|
| <b>1</b> | <b>6<sup>th</sup> March 2024</b>  | <b>2</b> | <b>12<sup>th</sup> June 2024</b>      |
| <b>3</b> | <b>7<sup>th</sup> August 2024</b> | <b>4</b> | <b>18<sup>th</sup> September 2024</b> |

**Target Group:** 4<sup>th</sup> 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"/>	<b>6<sup>th</sup> March 2024</b>	<input type="checkbox"/>	<b>7<sup>th</sup> August 2024</b>
<input type="checkbox"/>	<b>12<sup>th</sup> June 2024</b>	<input type="checkbox"/>	<b>18<sup>th</sup> September 2024</b>

**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**