|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Logo, company name  Description automatically generatedCOLLABORATOR FEEDBACK REPORT**  ***LAPORAN MAKLUM BALAS***  ***RAKAN KOLABORASI***  ***One (1) softcopy of this form in word and pdf format must be submitted to UMCares email:***  *Satu(1) salinan dalam format word dan pdf hendaklah dihantar ke emel UMCares:*  [*umcares@um.edu.my*](http://umcares@um.edu.my)  ***[Please note that INCOMPLETE FORM will not be processed]***  *[Borang yang TIDAK LENGKAP tidak akan diproses]* | | | | | | |
| **SECTION A: PROJECT DETAILS**  *Seksyen A: Maklumat Projek* | | | | | | |
|  | **6 months**  *6 bulan* |  | **12 months**  *12 bulan* |  | **Extension (\_\_\_\_\_\_\_\_\_\_\_month)**  *Pelanjutan (\_\_\_\_\_\_\_\_\_\_\_bulan)* | **\*Please tick at the appropriate box**  \**Sila tanda di ruang yang berkenaan* |
| **TITLE OF PROJECT**  *Tajuk Projek* | | | |  | | |
| **NAME OF PROJECT LEADER** *Nama Ketua Penyelidik* | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION B: STATUS OF THE PROJECT**  *Seksyen B: Status Projek* | | | | | | |
| **NO. OF STAFF / MEMBERS INVOLVED IN THIS PROJECT**  *Bilangan staf/ ahli yang terlibat dalam projek ini* |  | | | | | |
| **DOES THE PROGRESS OF THIS PROJECT MEET THE NEEDS OF YOUR ORGANISATION? PLEASE TICK (√)**  *Adakah perkembangan projek ini telah memenuhi keperluan organisasi anda?Sila tandakan (√)* |  | | | **YES /** *Ya* | | |
|  | | | **NO /** *Tidak* | | |
| **IF YOU ANSWERED YES, PLEASE INDICATE (√) THE ESTIMATE LEVEL OF INTEREST RECEIPTS**  *Jika anda menjawab YA, sila tandakan (√) anggaran tahap penerimaan faedah* | **PERCENTAGE /** *Peratus* | | | | | |
| **1-20** | **21-40** | **41-60** | | **61-80** | **81-100** |
|  |  |  | |  |  |
| **IF YOU ANSWERED NO, PLEASE INDICATE (√) THE LEVEL OF BENEFIT STILL EXPECTED**  *Jika jawapan TIDAK, sila tandakan (√) tahap faedah yang masih diharapkan* | **PERCENTAGE /** *Peratus* | | | | | |
| **1-20** | **21-40** | **41-60** | | **61-80** | **81-100** |
|  |  |  | |  |  |
| **LIST TYPE OF BENEFIT RECEIVED (E.G PRODUCT, TECHNOLOGY ADVISORY SERVICES, INFORMATION ETC.)**  *Senaraikan bentuk penerimaan manfaat (cth. produk, teknologi, khidmat nasihat, maklumat dan sebagainya)*  *\*PLEASE ADD ADDITIONAL NUMBER (ROW), IF NECESSARY / Sila tambahkan nombor (barisan) baru, jika perlu* | **1.**  **2.**  **3.** | | | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION C: IMPACT OF THE PROJECT**  *Seksyen C: Impak Projek* | | |
| **INCREASED OF MONETARY BENEFITS TO THE ORGANISATION (IF ANY)**  *Peningkatan faedah kewangan kepada organisasi (jika ada)* | **QUANTITY (%)**  *Kuantiti (%)* | **IMPACT (BEFORE AND AFTER)**  *Impact (Sebelum dan selepas)* |
| **SALES /** *Jualan* |  |  |
| **RETURN /** *Pendapatan* |  |  |
| **COST SAVINGS /** *Penjimatan* |  |  |
| **OTHERS, PLEASE SPECIFY /** *Lain-lain, sila nyatakan:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |
| **INCREASED OF NON-MONETARY BENEFITS TO THE ORGANISATION (eg. IN TERMS OF ECONOMY, SOCIAL, HEALTH, ENVIRONMENT, ETC.)**  *Peningkatan faedah bukan kewangan kepada organisasi* | **QUANTITY (%)**  *Kuantiti (%)* | **IMPACT**  *Impact* |
| **INNOVATION & CREATIVITY** / *Inovasi & kreativiti* |  |  |
| **EFFICIENCY OF PROCESS** / *Kecekapan proses* |  |  |
| **TIME SAVINGS** / *Penjimatan masa* |  |  |
| **ENERGY SAVINGS** / *Penjimatan tenaga* |  |  |
| **SERVICE QUALITY** / *Kualiti perkhidmatan* |  |  |
| **QUALITY OF PRODUCT** / *Kualiti produk* |  |  |
| **EMPLOYEE AWARENESS** / *Kesedaran pekerja* |  |  |
| **JOB SPECIALIZATION** / *Pengkhususan kerja* |  |  |
| **TEAMWORK** / *Kerja berpasukan* |  |  |
| **CUSTOMER RELATIONSHIPS** / *Hubungan dengan pelanggan* |  |  |
| **JOB SATISFACTION** / *Kepuasan kerja* |  |  |
| **OTHERS, PLEASE SPECIFY /** *Lain-lain, sila nyatakan:*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

|  |  |
| --- | --- |
| **SECTION D:**  **DECLARATION BY THE ORGANISATION REPRESENTATIVE**  *Seksyen D: Perakuan Wakil Organisasi* | |
| **I HEREBY CERTIFY ALL INFORMATION PROVIDED IS TRUE**  *Saya dengan ini mengesahkan semua maklumat yang diberikan adalah benar* | **…………………………………………**  (**Signature** / Tandatangan) |
| **NAME OF THE ORGANISATION REPRESENTATIVE:**  *Nama wakil organisasi* |
| **DATE:**  *Tarikh* |