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| **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* |  |

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| **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.** |

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| **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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

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| **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* |