



**APPLICATION FORM**  
**BORANG PERMOHONAN**  
**FOR CLEFT LIP AND/OR PALATE CORRECTIVE SURGERY**  
**PEMBEDAHAN BAIKPULIH SUMBING BIBIR DAN/ATAU LELANGIT**

Name of Child/Nama Anak:			
Date of Birth/Tarikh Lahir: (dd-mm-yyyy/hh-bb-tttt)			
Condition of Child/Keadaan Anak [Please tick (✓) / Sila tandakan (✓)]	Cleft lip / Sumbing bibir		
	Cleft palate / Sumbing lelangit		
Any surgery performed? / Pembedahan pernah dijalankan? [Please tick (✓) / Sila tandakan (✓)]		Yes / Ya	
		No / Tidak	
Other Treatment/Lain-lain rawatan (Please state / Sila nyatakan)			
Details of Parent/Guardian / Maklumat Ibubapa/Penjaga			
Address/Alamat		No. of Children/ Bil. Anak	
Tel (H/R)			
Mother's Name / Nama Ibu		Father's Name / Nama Bapa	
Tel (HP/TB)		Tel (HP/TB)	
Tel (O/P)		Tel (O/P)	
Occupation/Pekerjaan		Occupation/Pekerjaan	
Income / Pendapatan (please enclose pay slip / sila lampirkan slip gaji)		RM	Income / Pendapatan (please enclose pay slip / sila lampirkan slip gaji)
		RM	
Have you done any check-up in other hospitals? / Pernahkah anda menjalani pemeriksaan di hospital lain? [Please tick (✓) / Sila tandakan (✓)]			Yes / Ya
			No / Tidak
If Yes / Jika Ya	Hospital Name / Nama hospital		
	Registration Date / Tarikh Pendaftaran		
Do you have any check-up or surgery appointment? Adakah anda mempunyai sebarang temujanji pemeriksaan atau pembedahan?			Yes / Ya
			No / Tidak
If Yes / Jika Ya	Date of Check-up Appointment / Tarikh Temujanji Pemeriksaan		
	Date of Surgery / Tarikh Pembedahan		

**IMPORTANT:** Please attach copies of original documents such as child's birth certificate, parents' pay slips, doctor's report and other related documents to support your application. If you have made appointments (check-up / surgery) with other hospital(s), please enclose the agreement letter from the said hospital for you to join this programme.

**PENTING:** Sila kepitkan salinan dokumen asal seperti sijil kelahiran kanak-kanak, slip gaji ibubapa, surat doktor dan dokumen lain yang berkaitan untuk menyokong permohonan anda. Sekiranya anda telah membuat temujanji pemeriksaan / pembedahan di hospital lain, sila lampirkan surat kebenaran dari hospital tersebut untuk anda menyertai program ini.

Please return form to/Sila kembalikan borang ke:  
Ronald McDonald House Charities (RMHC)  
Level 6, Bangunan TH, Damansara Uptown 3,  
No. 3, Jalan SS21/39, 47400 Petaling Jaya, Selangor Darul Ehsan.  
Tel: 03-7843 3388 ext. 3229 Fax: 03-7843 3389  
H/P: 012-3657324  
E-mail: azie.manaf@my.mcd.com

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Parent/guardian's signature  
Tandatangan ibubapa / penjaga