

## REQUEST FOR PROPOSAL (RFP)

### 1) COMPANY INFORMATION

Company Name & Registration Number	:	
Contact Person (Name & Designation)	:	
Email Address	:	
Phone No.	:	

### 2) PROJECT OVERVIEW

Project Title	:	<b>LEADING MORE EFFECTIVE TEAMS</b>
Project Description	:	This is a two-day programme for leaders and aspiring leaders who seek to enhance their skills in managing and leading teams for optimal performance.
Target Audience	:	Leaders & Aspiring Leaders, Middle & Senior Level Executives
Desired Training Dates	:	TBA
Number of Participants	:	25 – 30 pax
Location	:	SCOPE

### 3) TRAINING REQUIREMENTS

Specific Skills / Knowledge	:	
Desired Training Format	:	In-person
Assessment Method	:	Pre & Post Assessment
Expected Outcomes & Deliverables	:	<p>Key takeaways:</p> <ul style="list-style-type: none"> <li>• <b>key components of effective leadership:</b> develop a deeper understanding of effective team leadership principles and practices,</li> <li>• <b>enhanced leadership skills:</b> identify strengths and weaknesses, and explore strategies to adapt approaches for optimal team engagement,</li> <li>• <b>culture of collaboration and trust:</b> learn how to create a supportive environment where team members feel valued, empowered, and motivated to contribute,</li> <li>• <b>spark creativity and innovation:</b> encourage brainstorming, embrace experimentation, and celebrate new ideas,</li> <li>• <b>conflict resolution skills:</b> develop skills in identifying, managing, and resolving conflicts within the team, and</li> <li>• <b>measure and track team performance:</b> set clear goals, monitor progress, and adjust strategies for continuous improvement.</li> </ul>

### 4) TRAINER QUALIFICATIONS

#### a) Personal Details

Name	:	
Nationality	:	

IC / Passport No	:	
Race	:	
Mobile no.	:	
Email	:	
TTT Certification No.	:	

**b) Academic Qualifications**

Qualification	:	
Name of Academic Institute	:	
Year Awarded	:	

**c) Professional Qualifications**

Professional Qualification	:	
Certificate Body	:	
Year Awarded	:	

**d) Years of Career Experience**

Previous Company	:	
Position	:	
Year (From & To)	:	

### e) Training Experience

No. of training Conducted <b>(Attach list of trainings conducted)</b>	:	
Year (From & To)	:	

### 5) PROPOSAL SUBMISSION

Deadline for Submitting Proposals	:	15 <sup>th</sup> April 2024
Submission Format	:	E-mail

### 6) ADDITIONAL INFORMATION

- Include any additional information that may be relevant to the project

Thank you for your interest in our project. We look forward to receiving your proposal and quotation.

Contact Information:

Please direct all questions and inquiries to:

- 1) Mr. Claudius Mitchell Hamarah ([claudius@scope.net.my](mailto:claudius@scope.net.my))
- 2) Ms. Husna Nadia Binti Abg Sapri ([husna@scope.net.my](mailto:husna@scope.net.my))