



STEP-BY-STEP TO SUBMIT TRAINEE ALLOWANCE CLAIM











Declaration & Submission



TRAINEE ALLOWANCE INITIATION

STEP 01

- Login to Employer's eTris account.
- Click Applications.

STEP 02

- Click Claim.
- Select Submit Claim with Grants.

STEP O3

 Click Claim at the Action Column.





If you would like to watch the guideline walkthrough submitting Trainee Allowance Claim kindly click this link: https://www.youtube.com/watch?v=G1A-semidk0

1. Login to Employer's eTris. Click Applications

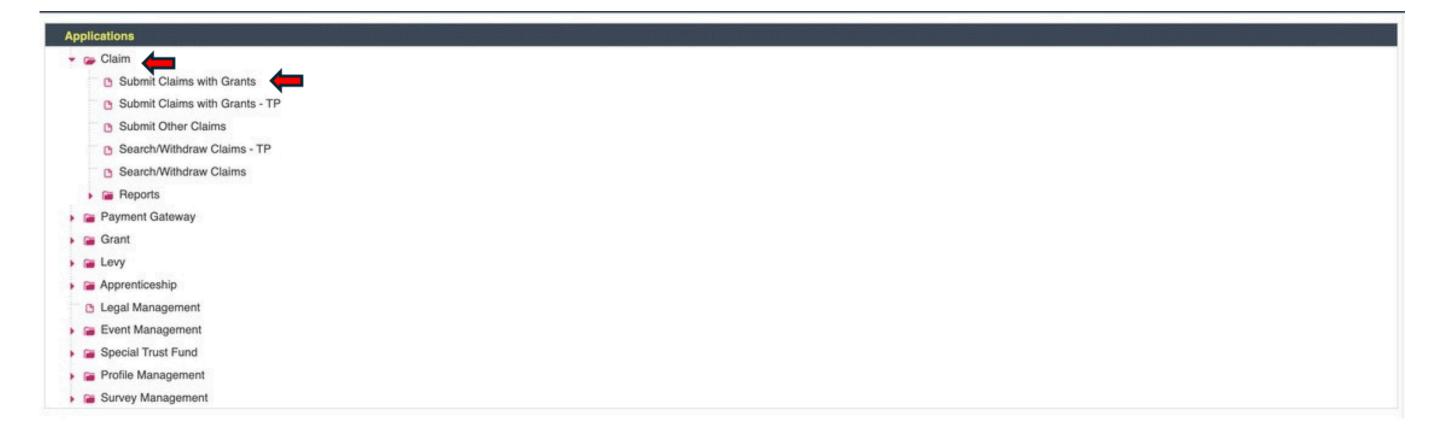








2. Click Claim. Select Submit Claim with Grants

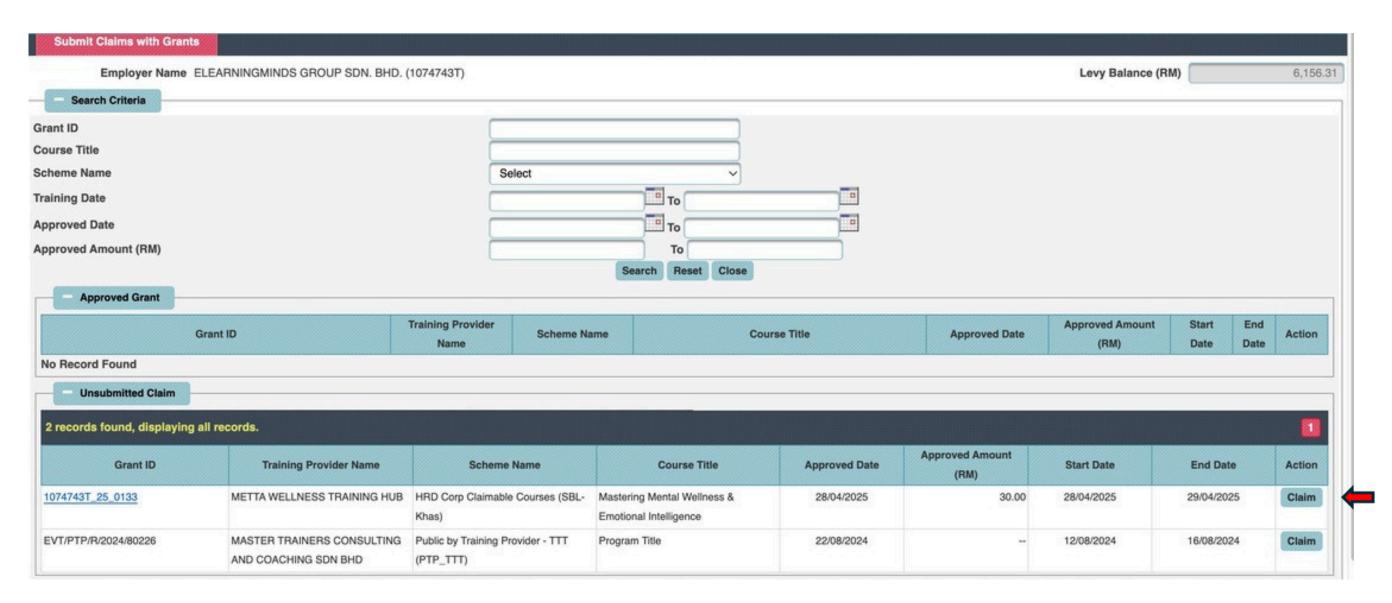








3. Click Claim at the Action Column









TRAINING SUMMARY & OFFICER INFO

STEP

O4

 Provide the contact details of the Officer to be Contacted.

STEP 05

 Click Next at this training summary.





4. Provide the contact details of the Officer to be Contacted

Employer Profile					
Particulars					
Registered Name and Address of Employer	Officer to be Contacted	Other	Dalia Ismail		
ELEARNINGMINDS GROUP SDN. BHD. C-02-18, PAVILION,	Telephone No.	60163658244	· ←	——————————————————————————————————————	
JALAN PUTERI 7/13,	Email	info@upskillingminds.com	• 🚣		
	Next	Close	—		

5. Click next at this training summary

Training Summary	
Training Summary	
Program Title	Mastering Mental Wellness & Emotional Intelligence
Training Date	28/04/2025 To 29/04/2025
Actual Training Date	28/04/2025 • To 29/04/2025 • •
Training Venue	Metta Wellness Training Hub, 157, Jalan USJ 9/1, USJ 9, Subang Jaya,
Type of Training	☐ In-house ☐ Public ☐ Job Coach ☐ Development Programme ☐ e-Learning ☐ Coaching / Mentoring ☐ Mobile E-Learning ☐ Hybrid ☐ Remote Online Training (In-House) ☐ Remote Online Training (Public) *
Training Location	☐ Hotel ☐ Own Premise ☐ External Training Premise ☐ Overseas ☐ Not Applicable ☐ Local *
HQ / Branch	ELEARNINGMINDS GROUI * Note: Applicable Only for 'Own Premise' Training Location.
No. of Travel Days	☐ 1 days ☐ 2 days ■ Not Applicable
No. of Full Days	2 * (Based on 7 hours per day)
No. of Half Days	0 * (Based on >=4 and < 7 hours per day)
No. of < Half Days	O * Hours O * (Based on < 4 hours per day)
Total Hours Per Trainee	14
Total Training Days	2
No. of Month	* Mandatory if Type of Training is 'Development Program'.
	Next Close
·	•





2(*)

UpSkillingMinds

TRAINER & ATTENDANCE RECORDS

STEP O6

- This trainer information is updated by the Training Provider.
- Then click Next.

STEP 07

 Proceed to Next as the trainee attendance is updated by the Training Provider.

STEP 08

- Trainee attendance, by date, is also updated by the Training Provider.
- Click Next.





6. This trainer information is updated by the Training Provider. Then click next.



7. Proceed to Next as the trainee attendance is updated by the Training Provider

Trainee Details												
Trainees Information By Group												
Batch No.		Start Date	End Date					View Traine	Details			
1		28/04/2025	29/04/2025	V	View Trainee De	etails						
Trainees Summary		the Trainee Details.										
Trainees Summary Batch No. Male	Female	Less 100 km	More or equal 100 km	E	Bumi	Malay	Chinese	tr	dian	Dayak		Other R
			More or equal 100 km	0	Bumi 0	Malay 0	Chinese	ir 1	dian 0	Dayak	0	Other R
Batch No. Male			More or equal 100 km				Chinese	1 In		Dayak	0	Other F
Batch No. Male			More or equal 100 km	0			Chinese	ler 1		Dayak	0	Other I







8. Trainee attendance, by date, is also updated by the Training Provider. Click next

Grant Details								
	1	1074743T 25 0133			Market.			
it ID ning Provider's Name		10/4/40/2020/000			Module			
		METTA WELLNESS TRAINI • 28/04/2025			E-48-4-			
ual Training Start Date		28/04/2025			End Date	29/04/2025	*	
Attendance Details								
ctive Date		28/04/2025 29/04/2025						
ad Excel File		Yes No	Please select dates that t	the training took place (Press	Ctrl and click for multiple sele	ection)		
vnload Attendance Excel		Download Trainee Attendance List						
•		T .						
				Search Clear				
cords found, displaying all reco	ords.	721 - 121 - 121 - 131 -						
Sr. No.	Batch No.	Date		Trainee Name		IC No.	Status	
1	1	28/04/2025	HAN WAN YEE		900706075762		Present Absent	
2	1	29/04/2025	HAN WAN YEE		900706075762		Present Absent	
				Save Attendance Data				
Attachment(Supporting Docum	vent)							
Please Attach a Copy of the C	ariginal Attendance					Actions		
Please Attach a Copy of the C	original Attendance	File Name						
Description olce	Invoice.pdf	File Name	View					
Description roice Attendance 28 April	Invoice.pdf Attendance.pdf	File Name	View					
	Invoice.pdf	File Name						







SUPPORTING DOCUMENTS

STEP 09

- All submitted claim items, such as trainee allowance, meals, hotel, bus, and flight tickets, will appear here.
- Kindly upload the supporting documents for all claimed items, except for the trainee allowance.
- Click Add Attachment and go to Next.





- 9. Actual cost reimbursement
 - i. All submitted claim items, such as trainee allowance, meals, hotel, bus, and □ight tickets, will appear here.
 - ii. Kindly upload the supporting documents for all claimed items, except for the trainee allowance and click add attachment and go to next

Items Category Grant Approved Trainee Allowance (<100) Trainee Total Grant Approved Amount(RM) Note: Please add any additional information related to your claim. Remarks Country Select Attachments Note: Please make sure the official receipt is complete with details of company name, progration is mandatory for proof of payment like.Invoice,Receipt,Consultation Attachment File Description Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.P	30.00 Exchange Rate am title, program date, total amount and mode of pa		30.00 No 30.00
Trainee Allowance (<100) Trainee Total Grant Approved Amount(RM) Note: Please add any additional information related to your claim. Remarks Country Select Attachments Note: Please make sure the official receipt is complete with details of company name, progra Note: Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	30.00 Exchange Rate am title, program date, total amount and mode of parancy Report etc. Attach File	Total Requested Amount(RM) syment. Choose File No file chosen	30.00 No
Note: Please add any additional information related to your claim. Remarks Country Select Attachments Note: Please make sure the official receipt is complete with details of company name, progra Note: Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Exchange Rate am title, program date, total amount and mode of parancy Report etc. Attach File	lyment. Choose File No file chosen	
Note: Please add any additional information related to your claim. Remarks Country Select Attachments Note: Please make sure the official receipt is complete with details of company name, progra Note: Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Exchange Rate am title, program date, total amount and mode of pa ancy Report etc. Attach File	lyment. Choose File No file chosen	30.00
Country Select Attachments Note : Please make sure the official receipt is complete with details of company name, progra Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	am title, program date, total amount and mode of pa ancy Report etc. Attach File	Choose File No file chosen	
Country Select Attachments Note: Please make sure the official receipt is complete with details of company name, progra Note: Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	am title, program date, total amount and mode of pa ancy Report etc. Attach File	Choose File No file chosen	
Note : Please make sure the official receipt is complete with details of company name, progra Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Attach File	Choose File No file chosen	
Note : Please make sure the official receipt is complete with details of company name, progra Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Attach File	Choose File No file chosen	
Note : Please make sure the official receipt is complete with details of company name, progra Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Attach File	Choose File No file chosen	
Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Attach File	Choose File No file chosen	
Note : Supporting Document is mandatory for proof of payment like.Invoice,Receipt,Consulta Attachment File Description	Attach File	Choose File No file chosen	
File Description	Attach File	- Andrews Assessment -	
File Description		- Andrews Assessment -	
		- Andrews Assessment -	
Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.P	Add Attachment	No file chosen	
Allowed (Only .JPG,.JPEG,.BMP,.GIF,.PNG,.TIF,.PPM,.DOC,.DOCX,.PDF,.RTF,.XLS,.XLSX,.TXT,.PPT,.P	Add Attachment		
Allowed (Only JPG, JPEG, BMP, GIF, PNG, TF, PPM, DOG, DOCK, PDF, RTF, ALS, ALSA, TAT, PPT, P			
	No record found		
Levy Summary			
Levy Balance(RM) 6,156.31			
Levy Arrears (RM) 0.00			
Levy Interest (RM) 0.00			
Total Grant Approved Amount (RM) 30.00			
Total Requested Amount (RM) 30.00			
	Next Close		







DECLARATION & SUBMISSION

STEP 10

- Fill in the **employer declaration form**, check the pledge box.
- Then click Save & Submit to submit the application





10. Fill in the employer declaration form, check the pledge box then click Save & Submit to submit the application

Employer Declaration			
Declaration			
			and that I/We have not withheld/distorted any material facts. I/We understand that if I/we obtain the grant by false or misleading statements, I/we
		001 (Act 612) and in addition, F	SMB may, at its discretion, withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed.
Name	Other		
Designation			
Email		· -	
Date	04/06/2025		
	Constitution of the Consti		Save Save & Submit Close ReSubmit
Withdraw Application			★
Reason	Select V *		
lemarks			
Withdraw Reset			

Note: Approval will be emailed to the employer once the claims are approved



