

# Application Form:

## Award in Maltese Language and Cultural Orientation

MQF Level 1



Name

Surname

Date of Birth: DD/MM/YYYY

Gender: M/F

Nationality:

ID/Passport No:

Mobile:

E-mail:

Home Tel No:

Address:

Current Employer:

Emergency contact person:

Relationship to participant:

Emergency contact telephone/mobile No:

Please attach  
a passport size  
photograph  
here

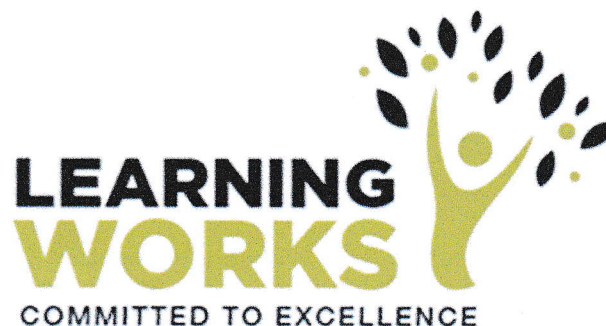
Academic Qualifications:

| Qualification | Institution | Subject | Grade | Date |
|---------------|-------------|---------|-------|------|
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### Work Experience:

| Title/Position | Company | Start Date | End Date |
|----------------|---------|------------|----------|
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### Terms and Conditions:

- The Registration Fee and down payment are not refundable.
- A charge of €50 is applicable for candidates who change group.
- Learning Works reserves the right to change the contents of the programmes according to the needs and circumstances. The Academy also reserves the right to cancel courses if there are insufficient applications. In such cases, the participants will be entitled for a full refund of both the Registration Fee and the down payment.
- No change in fees is applicable and no refund will be given to applicants who withdraw or are asked to withdraw by Learning Works during the duration of the course.
- Students missing 20% or more lessons will not be awarded the certificate and no refund of the fees is due.
- Unless otherwise stated, all lectures will be held at the Learning Works Training Hub, The Landmark Business Centre, Triq L-Iljun, Qormi.
- Learning Works will process all personal information in accordance with the Data Protection Act.  
For international students applying from outside of Malta only:
- Acceptance letter will only be issued upon full payment of the course.
- Should the Visa application be rejected, the full fees will be refunded after deducting any bank fees incurred.

### Documents to be presented with this form:

- Copy of applicant's ID Card (both sides) or passport
- Passport-sized photograph
- A copy of a recent police conduct (not older than 2 months)
- Letters of recommendation
- Copies of relevant qualifications

### Declaration:

I confirm that the information entered is correct and accept the Terms and Conditions incorporated in this Registration Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date