

CARE OF THE ELDERLY - THEORY & PRACTICE COURSE (LAS 1101)

APPLICATION FORM

Application No

SECTION A - PERSONAL DETAILS (USE BLOCK LETTERS)

SURNAME :

NAME :

ID No :

DOB :

GENDER :

Female

<input type="checkbox"/>
<input type="checkbox"/>

Male

NATIONALITY :

HOME TEL No :

MOBILE No:

HOME ADDRESS :

HSE NAME/No

STREET

TOWN

POSTCODE

EMAIL ADDRESS:

CURRENT PLACE of WORK :

INDICATE HOW YOU PREFER TO DO THE COURSE

Full Time

<input type="checkbox"/>
<input type="checkbox"/>

Part Time

**To be written same as on birth certificate*

Affix
original recent
passport
photo
here

SECTION B - EDUCATION

No	CERTIFICATES	OFFICE USE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Together with this application, please attach a copy of **ALL certificates available. Write down all the certificates attained.*

SECTION C - NEXT OF KIN (USE BLOCK LETTERS)

RELATIONSHIP TO APPLICANT : _____

SURNAME : _____

NAME : _____

ADDRESS : Same as Applicant Yes
No If NO please specify : _____

HOME TEL No : _____

MOBILE No : _____

SECTION D - DISCLOSURE OF PERSONAL DATA TO THIRD PARTIES

In accordance with the University of Malta privacy policy, your details will be used for the sole purpose of conducting internal business and any personal information will not be disclosed to third parties without your consent in writing. Computer and paper records are kept about each student's studies, both during the course and after completion of studies.

The Registrar receives requests to forward emails on behalf of University of Malta/Junior College staff/student, Senate recognised students' organisations related to activities being organised, questionnaires required for reasearch etc.

Would you agree to receive such material?

Yes No

SECTION E - DISCLAIMER

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is illegal. I authorize you to request and receive any additional information required from any other entity should the need arises.

The unit shall provide equal opportunity to all without regard to race, colour, sex, religion, origin, age, disability, sexual orientation, gender identity, pregnancy, marital status or any other status or classification protected by local law. Discrimination on the basis of any protected classification will not be tolerated.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE

AMOUNT PAID : € _____

RECEIPT No : _____

SIGNATURE

DATE