

# APPLICATION FORM

Please complete in BLOCK CAPITALS



## Personal Details

Surname (Family Name)

Name

Address:

Tel.  
No:

Mobile No.:

E-mail:

I wish to receive news by email:

Yes       No

DOB:     /     /

Sex:        Male        Female

ID Number / Police Number:

Nationality:

Native language:

Other Language/s:

## Level of English

Elementary

Intermediate

Advanced

## Education

*Please attach a C.V.*

*Or List information about your Level of Education:*


## Other Information

Please list any allergies or other medical issues which staff and teachers should be aware of:


## ***Terms & Conditions of Enrolment***

***By signing below, you accept the following Terms & Conditions of Enrolment and agree to abide by all the Rules and Regulations (printed version available from the office) of Migrant Women Association. Deposit amount is non-refundable at any time. Course fees become due on enrolment and should be paid on the first day of the course unless a signed agreement to the contrary is made with Migrant Women Association MALTA. The full course fee remains due even if you decide to stop attending the chosen course.***

I have read and agreed with these terms and conditions:

**Date:**

**Student's Signature:**

## ***Office use only***

**Deposit Paid:**

**Amount Due:**

**Date:**

**Signature:**