## Application for the Assessment of a Prospective Qualification



MALTA QUALIFICATIONS COUNCIL

MQRIC OPENING HOURS: Monday, Wednesday and Friday Winter time: 9-12 noon & 2-4pm Summer time: 9-12 noon

Tel: 2754 0051 / 2180 1411

Personal Details					
Title		Mr	Ms	Other	
1.	Surname		2. Name/s		
3.	Postal Address				
				Postcode	
4.	Gender: Male	Female	5. Nationality		
Contact Details					
		Work	Home		
6.	Telephone Numb	ers			
		Cellular phone no.	<u>.</u>		
7.	E-mail				
Qualification Details 1					
8.	Title of Qualification		Area of Study		
9.	Awarding Institute		10. Duration of Qualification		
11.	Address of Awarding Institute				
12.	Entry Requiremer	nt to prospective Qualifica	ation		

Qualification Details 2						
13.	Title of			Area of		
	Qualification			Study		
14.	Awarding		1	5. Duratio		
	Institute			Qualific	ation	
16.	Address of				·	
	Awarding					
	Institute	0.110				
17.	17. Entry Requirement to prospective Qualification					
Qual	lification De	tails 3				
18.	Title of			Area of		
	Qualification			Study		
19.	Awarding		20	0. Duratio		
	Institute			Qualific	ation	
21.	Address of					
	Awarding					
	Institute					
22.	Entry Require	ement to prospective Qualificat	non	1		
Qual	ification De	tails 4				
23.	Title of			Area of		
	Qualification			Study		
24.	Awarding		2	5. Duratio		
	Institute			Qualific	ation	
26.	Address of					
	Awarding					
	Institute					
27.	Entry Require	ement to prospective Qualificat	tion	1		

Additional Course Details (e.g. duration and information from Course University/Institution)

28.		

## Applicant's declaration

I hereby declare that:

- 1. I authorise the MQRIC to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose.
- 2. I understand that the evaluation/information report is advisory and not binding upon any agency or institution that uses it.
- 3. I do not hold MQRIC liable for damages resulting from the use to which I or any agency or institution put to the evaluation report.

Signature	Date
	Day / month / year

## Submitting your application

19 Kindly submit your application to:
Malta Qualifications Council
(MQRIC)
16/18, Tower Promenade, St Lucia SLC 1019 MALTA

Or email the application to <a href="mailto:qric.malta@gov.mt">qric.malta@gov.mt</a>

It is <u>necessary</u> to attach either a scanned acceptance letter from the institution and/or relevant information about the qualification mentioned in this application. This information must originate from the institution/university.

Data Protection: The Malta Qualifications Recognition Information Centre collects and processes information to carry out its functions under the Mutual Recognition of Qualifications Act. All data is collected and processed in accordance to the Data Protection Act 2001, other subsidiary legislation and the Privacy Policy of the Centre, a copy of which is available on demand.