

Application for the Assessment of a National or/and International Qualification



MALTA
QUALIFICATIONS
COUNCIL

Purpose of Application

The request is being made in order to:

- a) follow a Non-University Course
- b) follow a University Course
- c) practise a profession
- d) apply for a Job / Promotion
- e) apply for a Qualification Allowance
- f) follow a programme of studies
- g) Any other reasons

Personal Details

| | | | |
|---------------------|---|------------------------------------|--------------------------------|
| Title | Mr <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> |
| 1. Surname | <input type="text"/> | 2. Name/s | <input type="text"/> |
| 3. Maiden Surname | <input type="text"/> | 4. I.D or Passport N° | <input type="text"/> |
| 5. Postal Address | <input type="text"/> | | |
| | Postcode | | |
| 6. Gender: Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| 7. Date of Birth | <input type="text"/> Day <input type="text"/> month <input type="text"/> year | | |
| 8. Nationality | <input type="text"/> | | |
| 9. Country of birth | <input type="text"/> | 10. Country of permanent residence | <input type="text"/> |

Contact Details

| | | |
|-----------------------|----------------------|----------------------|
| 11. Telephone Numbers | Work | Home |
| | <input type="text"/> | <input type="text"/> |

| | | |
|------------|----------------------|----------------------|
| 12. E-mail | | Cellular phone no. |
| | <input type="text"/> | <input type="text"/> |

General Education

13. In which years did you start and finish primary and secondary school?

| | | |
|--------|-------|------|
| Start | month | Year |
| Finish | Month | Year |

| | | |
|-------|-------|------|
| Start | Month | Year |
| | Month | Year |

14. Details of your education

| | Number of years | Name of qualification or certificate obtained | Country |
|-----------|----------------------|---|----------------------|
| Primary | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Secondary | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Post secondary & Higher Education

15. On the subsequent pages, give details of all post secondary or higher education or professional courses which you have completed: if you have more than two (2) qualifications attach a separate sheet giving the additional details.

Qualifications 1

Is this qualification to be assessed, recognized or validated?

Recognized Assessed Validated

What is the name of the qualification you wish to be assessed?

In English

In your own language

Name of institution attended/intend to attend

If different from the institution attended, name the awarding body

Full address of institution

What is/was the normal entry requirement for the course (or name of entry examination)?

If different, what is/was the basis of your entry into this course? Please specify (eg work experience, other qualifications, a special examination)

Normal length of course (including thesis/project/practical training etc)

Normal length of semester

Years or Semesters Weeks or Months

What was the length of time you took to complete the course

Years Months

Date course commenced Day month year

Date course completed Day month year

Date Qualification awarded Day month year

Was the course full-time or part-time?

Full-time Part-time Hours per week

Other Please describe

Was a thesis or major research paper a requirement of the course?

Yes No

Were you required to complete an internship, or supervised practical training, or work placement before receiving this qualification?

Yes Number of weeks Please provide details in section 16

No

Qualifications 2

Is this qualification to be assessed, recognized or validated?

Recognized Assessed Validated

What is the name of the qualification that you have obtained?

In English

In your own language

Name of institution attended

If different from the institution attended, name the awarding body

Full address of institution

What was the normal entry requirement for the course (or name of entry examination)?

If different, what was the basis of your entry into this course? Please specify (eg work experience, other qualifications, a special examination)

Normal length of course (including thesis/project/practical training etc)

Normal length of semester

Years or Semesters Weeks or Months

What was the length of time you took to complete the course

Years Months

Date course commenced

Date course completed

Date Qualification awarded

Was the course full-time or part-time?

Full-time Part-time

Hours per week

Other

Please describe

Was a thesis or major research paper a requirement of the course?

Yes

No

Where you required to complete an internship, or supervised practical training, or work placement before receiving this qualification?

Yes



Number of weeks



Please provide details in section 16

No

Additional Information

16.

Checklist

17 With this application you must attach:

- a certified copy of your qualification papers (such as degree, diploma, certificate, etc)
- a certified copy of the transcript of the marks / grades showing subjects, hours and examination result
- evidence of change of name (if applicable)
- Marriage Certificate (if applicable)
- a certified translation in Maltese or English of any documents originally issued in a language other than Maltese or English

Applicant's declaration

18 I hereby declare that:

- the information I have supplied on this form is complete, correct and up-to-date:
- all copies of certificates/ diplomas submitted with this application are true copies of the original documents.
- I undertake to inform the Malta Qualification Recognition Information Centre (MQRIC) of any changes to my circumstances (eg address) while my application is being considered.
 - 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.
 - I understand that the evaluation/information report is advisory and not binding upon any agency or institution that uses it.
 - I understand that MQRIC's nominal fee is not refundable once an application is submitted and processed.
 - I do not hold Malta QRIC 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 together with payment of the nominal fee to:

**Malta Qualifications Council
(MQRIC)
16/18, Tower Promenade
St Lucia**

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.