

GET QUALIFIED

Application for Approved Certifications

This form is to be used by students who are in the process of enrolling or have recently enrolled in a training programme which adheres to the parameters set in the Incentive Guidelines of the Get Qualified scheme and has already been approved by the corporation.

The list of approved courses can be accessed from:

<http://support.maltaenterprise.com/getqualified/approved>

Please note that:

1. Students, who have applied for funding through any other Government of Malta initiative for funding costs related to the attainment of a certification, may only apply for a tax credit in relation to that certification, if such funding is declined.
2. the applicant should submit this form to the educational service provider who is to fill in the last section entitled Approved Representative of Awarding Body.
3. only typed application forms will be accepted.
4. should the format of the application form be altered, the application form will not be accepted.

Personal Data Protection

The information provided in this form will be processed by Malta Enterprise Corporation to assess your eligibility, approve or otherwise assistance under this scheme, and may also be disclosed to the Inland Revenue Department. Personal information collected in this form shall be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta.

You have the right to access, rectify, and, where applicable, the right to erase data concerning you. Malta Enterprise Corporation guarantees fair processing in respect of your personal information. Furthermore, Malta Enterprise will solely send you information related to the Corporation's services.

Applicant Details	Title	<input type="text" value="Mr/Ms"/>	Address	<input type="text"/>	
	Given Name(s)	<input type="text"/>		<input type="text"/>	
	Surname	<input type="text"/>		<input type="text"/>	
	Date of Birth	<input type="text" value="/ /"/>		Telephone	<input type="text"/>
	ID Card Number	<input type="text"/>		Email	<input type="text"/>

Employment Status	If you are currently employed please provide the details of your employer below			
	Name of Employer	<input type="text"/>		
	Telephone	<input type="text"/>	Address	<input type="text"/>
	Email	<input type="text"/>		

Certification Details	Name of Certification	<input type="text"/>											
	Awarding Body	<input type="text"/>											
	Local Representative of Awarding body	<input type="text"/>											
	Commencement Date	<input type="text" value="/ /"/>	<table border="1"> <tr> <td>Registration fees</td> <td>€ 0.00</td> </tr> <tr> <td>Tuition fees</td> <td>€ 0.00</td> </tr> <tr> <td>Examination fees</td> <td>€ 0.00</td> </tr> <tr> <td>Total sponsorships</td> <td>-€ 0.00</td> </tr> <tr> <td>Total</td> <td>€ 0.00</td> </tr> </table>	Registration fees	€ 0.00	Tuition fees	€ 0.00	Examination fees	€ 0.00	Total sponsorships	-€ 0.00	Total	€ 0.00
	Registration fees	€ 0.00											
	Tuition fees	€ 0.00											
Examination fees	€ 0.00												
Total sponsorships	-€ 0.00												
Total	€ 0.00												
Expected Termination	<input type="text" value="/ /"/>												
Name any sources from which the applicant may be reimbursed for any of the above costs (attach any relevant agreements):	<p>Note: Students applying for or receiving funding from other public (Government of Malta) sources should not apply.</p>												

Applicant Declaration	<p>I, hereby declare that the information being submitted with regards to this application is correct.</p> <p>I also confirm that the costs on which the tax credit is being claimed are not reimbursable from other sources or otherwise recoverable.</p> <p>It is understood that any aid to be granted by Malta Enterprise is conditional to the completion of the study course.</p> <p>By signing this declaration I hereby authorise Malta Enterprise Corporation to process the data contained in this form for the purpose stated. I also authorise Malta Enterprise Corporation, as the administrator of the scheme, to disclose to the Commissioner of Inland Revenue or his representative any information, documents and records which the Corporation may have obtained in connection with this application.</p>	Signature	<input type="text"/>
		Date	<input type="text" value="/ /"/>

Approved Representative of Awarding Body	<p>I, hereby certify that:</p> <ul style="list-style-type: none"> The student has been accepted by the awarding to follow a course of studies leading to the certification named above. The fees registration, tuitions and examination listed above are correct. There has been no change to the course content and structure since the submission of relevant expression of interest to the corporation. 	Stamp and Signature	<input type="text"/>
		Date	<input type="text" value="/ /"/>