

REGISTRATION FORM

SHORT COURSES

Name		Surname	
Address			
DOB		ID Card	
Telephone		Mobile	
Occupation		Email	

Highest educational level attained:

Primary **Secondary** **Other**

I wish to register for one of the following courses (please tick ✓)

- Citizens Rights**
- Consumer Affairs**
- Customer Care**
- English Literature Appreciation**
- Philosophy in Malta**
- Psychology of Health**
- Success Formula for Life**
- The Science & Safety of the Environment**

I enclose a cheque for €18.63 as participation fee
(Cheques are to be made payable to Director General of Education)

Signature _____

Date _____

Filled-in Registration forms and cheques are to be sent not later than **6th February 2010** to:

The Education Officer,
Directorate for Lifelong Learning,
Room 320,
Great Siege Road, Floriana.

Note to applicants:

The course will be offered subject to there being a sufficient number of applicants.

Details and description of each course can be viewed from:

http://www.education.gov.mt/edu/edu_division/lifelong_learning/short_courses.htm

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