

ECDL Testing – JAN/FEB 2018 CLOSING DATE: 20 OCTOBER 2017

(Examinations will be held on Saturdays)

CANDIDATE'S INFORMATION:

ID Card Number:		
Name:	S	Surname:
Date of Birth:		Gender: Male (M) Female (F) Other (X)
	Y	ear:
Address:		
Locality:	Post Code:	E-Mail Address:
Tel No:	Mobile No:	
Applications not endors (school stamp, signatur processed.	sed by the Head of School e and date) shall not be	To be completed by Head of School/delegate
		Stamp, Signature and Date
<u>IMPORTANT</u>		
Candidates who have a PLEASE TICK ✓ MO	lready sat for any ECDL Mo must have an ECL DULES YOU WISH TO S ONEY WITH THIS APPLICA	BER (Username): MTRN odule through our Department or through a private centre OL Registration Number. SIT FOR: EACH MODULE COSTS €6.80 ATION, YOU WILL RECEIVE AN INVOICE AND PAYMENT EMAIL AND ALSO BY POST)
BASE MODULES		STANDARD MODULES
Computer Essentials		Presentation
Online Essentials		Using Databases
Word Processing		IT Security
Spreadsheets		
I understand that the Exa the Data Protection Act.*	minations Department requires my	personal details to process my application according to the provisions of
Date:	Candidate's Signature:	Guardian's Signature:
Examinations Centre, Vic	otection Policy may be obtained ctoria. This policy is also available ng personal details, including sensi	If from the Department of Examinations, Floriana, or from the Gozo through the Internet on the Department's website on www.exams.gov.mt . tive data are to be addressed to the Data Protection Officer, Examinations
For Office Use Only Serial Number:	Received By:	Entered in Computer by: