

## ECDL Testing – Jan/Feb 2020 CLOSING DATE: 25th October 2019

(Examinations will be held on Saturdays)

CANDIDATE'S INFORM	<u>MATION</u> :	
ID Card Number:		
Name:	Su	rname:
Date of Birth:	Ge	nder: $\square$ Male (M) $\square$ Female (F) $\square$ Other (X)
	Yea	ar:
Address:		
Locality:	Post Code:	E-Mail Address:
Tel No:	Mobile No:	
Applications not endorsed by the Head of Scho (school stamp, signature and date) shall not be processed.		To be completed by Head of School/delegate
		Stamp, Signature and Date
<b>IMPORTANT</b>		
PLEASE TICK ✓ MODU	ndy sat for any ECDL Mode must have an ECDL VLES YOU WISH TO SI YEY WITH THIS APPLICATION	R (Username): MTRN ule through our Department or through a private centre a Registration Number.  T FOR: EACH MODULE COSTS €6.80  HON, YOU WILL RECEIVE AN INVOICE AND PAYMENT HAIL AND ALSO BY POST)
BASE MODULES		STANDARD MODULES
Computer Essentials		Presentation
Online Essentials		Using Databases
Word Processing		IT Security
Spreadsheets		
I understand that the Examin the Data Protection Act.*	ations Department requires my po	ersonal details to process my application according to the provisions of
Date: Car	ndidate's Signature:	Guardian's Signature: (if candidate is under 16 years of age)
Examinations Centre, Vict www.myexams.gov.mt.	oria. This policy is also a personal details, including sens	from the Department of Examinations, Floriana, or from the Gozo available through the Internet on the Department's website on the data are to be addressed to the Data Controller, Examinations

For Office Use Only

Serial Number:

Received By:

Entered in Computer by: