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TRAINING ACADEMY

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# **Holistic Programme for Immigrant Integration -** Application Form

| **PERSONAL INFORMATION (AS SHOWN ON YOUR PASSPORT/ID)** | | | |
|---|---|---|---|
| Surname:_____ | | First Name:_____ | |
| Identity Card/Passport No:<br>_____ | | Date of Birth (DD/MM/YYYY):<br>_____ | |
| Male: ☐ | Female: ☐ | Other: ☐ | |
| Residing Address in Malta:<br>_____<br>_____<br>_____<br>_____<br>_____<br>Post Code:_____<br>Country:<br>Malta/Gozo | Address in Home Country:<br>_____<br>_____<br>_____<br>_____<br>_____<br>Post Code:_____<br>Country:_____<br>_____ | Telephone No:<br>+356_____<br>Mobile No:<br>+356_____ | Email:<br>_____<br>_____ |
| **EMERGENCY CONTACT DETAILS** | | | |
| Please provide the contact details of either your next of kin, or someone we can contact on your behalf in the event of an emergency;<br><br>Full Name: _____ Relationship:_____<br><br>Telephone Number: _____ Mobile Number:_____ | | | |
| **PREVIOUS ACADEMIC & EDUCATIONAL EXPERIENCE** | | | |
| Have you ever studied previously in Malta/Gozo? | | | |
| YES ☐ | NO ☐ | Name of school/college/university/institution:<br>_____ | |
| **EMPLOYMENT EXPERIENCE** *(Please list you current work experience from the last three years)* | | | |
| Year/Duration | Organisation/Company | Title | Role/Responsibilities |
| | | | |
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| **DISABILITIES / SPECIAL EDUCATIONAL REQUIREMENTS** | |
|---|---|
| *Please tick the appropriate box(es) and in the provided space indicate any additional support or facilities that you may need from Avanza Academy* | |
| No know disability ☐ | Autistic spectrum/Aspergers syndrome ☐ |
| Specific learning difficult (e.g. Dyslexia) ☐ | Mental health difficulty ☐ |
| Blind/partially sighted ☐ | Unseen condition (e.g diabetes, asthma) ☐ |
| Deaf/ hearing impairment ☐ | A disability/condition not listed above ☐ |
| Wheelchair user/ mobility difficulties ☐ | Other: _____ |
| I am registered as a disabled student with the competent authorities:<br><br>YES ☐ NO ☐<br><br>If yes, where?<br><br>_____ | Please provide further details below for any additional support or facilities you may need:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

| **EQUAL OPPORTUNITIES MONITORING FORM** |
|---|
| In completing this form you are helping Avanza Training Academy to monitor the fairness of its admission processes and to ensure equal treatment for all applicants. This form will be separated from your application and will be kept with strict confidentiality by the quality assurance manager. The information supplied will be recorded on our computer system during the application process. In such case, the form will be destroyed as confidential waste. Please tick the box/boxes that best describe you. |
| I am: Female ☐ Male ☐ Other ☐ |
| My age today is:<br><18 ☐<br>18-21 ☐<br>22-24 ☐<br>25-29 ☐<br>30-39 ☐<br>40+ ☐ |

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**Before enrolling for your course, you are kindly asked to read and agree with the following terms and conditions very carefully (by signing this student's agreement you confirm acceptance of all terms and conditions).**

- The subjects of politics and any discriminatory comments or remarks regarding political belief, race, ethnicity, origin, gender, age, sexual orientation, language, disability and religion are not allowed on Avanza Training Academy campus.
- Should the course be cancelled by Avanza Training Academy, the student is entitled to the full refund of fees paid.
- Should the student cancel his/her participation on the course or, termination of the course is cause due to disciplinary measures taken by the Academy; no refund shall be given to the student. This applies to all methods/terms of payments chosen by the student.
- The student shall have the right to obtain the assessment results upon having completed all the necessary assessment requirements of the programme or parts thereof on condition that the student satisfied all his/her obligations.
- Should the student be eligible to claim a refund (or part thereof) of the fees paid, they are to submit their claim in writing to Avanza Training Academy. The claim should clearly state the reason for such request and include all relevant details. The refund provisions applied are in line with the consumer protection law. This agreement shall not deny the student's right to take further action under the consumers affairs act.
- Overseas students are obliged by law to provide the Academy with any change in their contact details that include their residential address and telephone number in Malta as well as a contact address overseas following the completion of their studies.
- In case of a student applying for a study visa, no refunds are given once the required visa is issued.
- Once a course has commenced, no refunds of the fees shall be given to the student. This also applies to students being terminated or suspended for disciplinary or other reasons.
- Please be advised that students who do not adhere to the above regulations are subject to expulsion from the course, with no refund.
- The personal information provided in this form will only be processed for the purpose of course administration and shall be processed in accordance with the provision of the data protection Act, Cap 440 of the laws of Malta.
- Certain information may be forwarded by Avanza Training Academy to the government ministries or entities to allow the said Ministries and/or entities to measure the take up of any scheme launched by the same Ministry or for other research or statistical purposes.
- Course schedules, content and any other items related to the course may be subject to change due to various circumstances which arise throughout the duration of the course and are beyond the control of Avanza Training Academy.
- Whilst Avanza Training Academy would ensure that such changes are communicated to students once they are officially available, Avanza Training Academy cannot be held liable for such changes.

**I do hereby authorise Avanza Training Academy to process the data contained in this form for the above-stated purposes** ☐

**I have read the students agreement above and agree with all its Terms and Conditions** ☐

| | |
|---|---|
| Full Name: _____ | ID Number: _____ |
| Signature: _____ | |

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| **DECLARATION** | |
|---|---|
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. I also declare that I confirm and accept all terms and conditions stipulated in this application form including attachments | |
| Signature: _____ | Date:_____ |

**COURSE FEE PAYMENT OPTION**

The course fee is that of Eur250, which is to be paid in full on application. Once your payment is received, a receipt will be issued directly to your e-mail.

- Cash/Cheque/Bank Transfer are all accepted forms of payment.
- Cheques to be made payable to: AVANZA ACADEMY Ltd
- Bank Transfer Details:
  Bank Name: Lombard Bank Malta plc
  Bank Address: 9A Frederick Street, Valletta, VLT 1470
  Account Number: 0117 4116 329
  IBAN NO: MT66 LBMA 0500 0000 0000 0117 4116 329
  Swift Code: LBMAMTMT
- Revolut Bank Transfer Details:
  Beneficiary name: Avanza Academy Ltd.
  Bank name: Revolut Bank UAB
  Bank address: Konstitucijos ave. 21B, 08130, Vilnius, Lithuania.
  IBAN NO: LT81 3250 0907 6483 7835
  Swift Code: REVOLT21
- Revolut tag:
  From your Revolut account go to payments
  In the search function type : @avanzab3ww
  Press Show Revtag results
  Press on Avanza Academy Ltd
  Proceed as per Revolut payment procedure

**SUPPORTING DOCUMENTATION**

*Please indicate you have included your supporting documentation with your application:*

Copy of Passport/ID card ☐

| **OFFICE USE ONLY** | | |
|---|---|---|
| Approved for admissions board:<br>YES ☐ NO ☐ Conditions ☐ | Signature:<br>_____ | Date:<br>_____ |