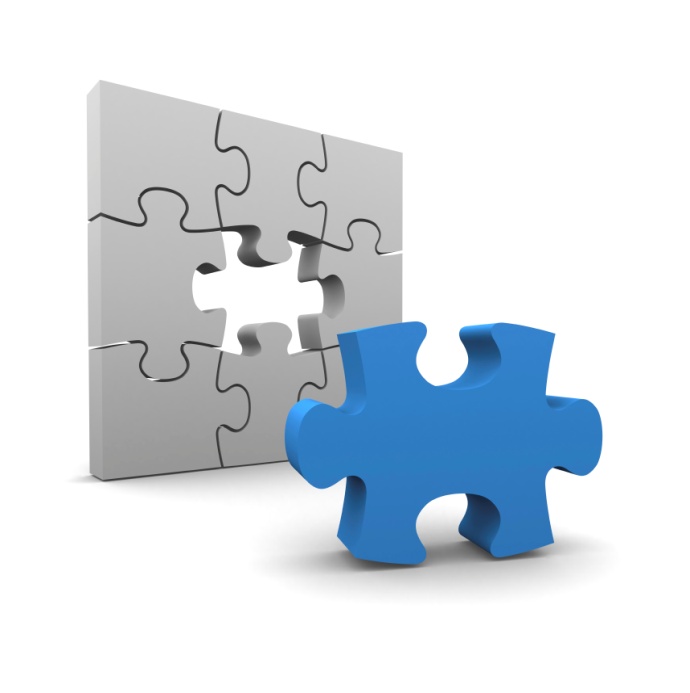
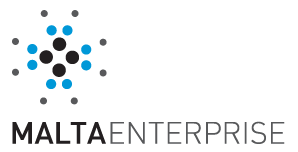
**Get Qualified 2014**

Application Form for Resit





**For Office Use Only:**

Reference Number

Date and Stamp received by the

Corporation

This Form is to be used by:

* Students who are in the process of applying for one (1) examination/assignment resit and have enrolled for the Get Qualified Scheme within one (1) year from commencement date of a training programme which adheres to the parameters set in the Incentive Guidelines of the Get Qualified 2014 scheme and has already been approved by the Corporation.

**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, Employment Training Corporation (ETC), Education Department, or any other Governmental Entity. Personal information collected in this form shall be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta.

The applicant has the right to access, rectify, and where applicable, the right to erase personal data. Malta Enterprise Corporation guarantees fair processing in respect of the applicant’s personal information. Furthermore, Malta Enterprise will solely send the applicant information related to the Corporation’s services.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Details | | Title | | Choose an item. | | Address |  | |
|  | | Given Name(s) | |  | |  |  | |
|  | | Surname | |  | |  |  | |
|  | | Date of Birth | | Click here to enter a date. | | Telephone |  | |
|  | | ID Card Number or Income Tax Number | |  | | e-mail |  | |
|  |
| 2.Certification Details | | | Name of Certification | |  | | | | |
|  | | | Awarding Body | |  | | | | |
|  | | | Local Representative of Awarding Body (if applicable) | |  | | | | |
|  | | | Name of Module | |  | | | | |
|  | | | Date of Exam | | Click here to enter a date. | | |  | |
|  | | | Name any sources from which the applicant may be reimbursed for any of the costs (attach any relevant agreements)[[1]](#footnote-1): | |  | | |  | |
|  | | |  | |  | | |  | |

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| 3. Application Declared | I, hereby declare that the information being submitted with regards to this information is correct.  I also confirm that the costs on which the tax credit is being claimed are not reimbursable from other sources or otherwise recoverable.  It is understood that any aid to be granted by Malta Enterprise is conditional to the completion of the study course.  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 the Inland Revenue Department, Employment Training Corporation (ETC), Education Department or any other Governmental Entity any information, documents and records which the Corporation may have obtained in connection with this application. I also authorise the Inland Revenue Department and Malta Enterprise to exchange any information related to the utilisation of the tax credits. | | |
| **Signature** | | Click here to enter a date. |
|  | |  |
|  | | |

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| --- | --- |
| 1. Annexes (kindly tick where applicable) | If directly applying with the Awarding Body, official documentation issued by the Awarding Body showing the total costs of one (1) examination/assignment resit.  Proof of payments (enchased cheques or a copy of bank transfers) |
|  |

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| --- | --- |
| 1. Submission of Application | **Applications duly filled in electronically will be received by hand at the Business First Offices during office hours.**  Postal Address: Business First  Gwardamangia Hill,  Pieta`, MEC 0001  Malta.  Tel: 144 |

1. Students applying for or receiving funding from other public (Government of Malta) sources should not apply. [↑](#footnote-ref-1)