STC HIGHER EDUCATION
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Application Form
Integration Course

Personal Details

Full Legal Name: _____

Date of Birth: _____ Nationality: _____ Gender: _____

Work Permit No.: _____ ID Card No.: _____

Contact Details

Mobile Number: _____ Home Number: _____ Email: _____

Address: _____

_____

City: _____ Postcode: _____ Country: _____

Emergency Contact

Full Name: _____ Relationship: _____

Mobile Number: _____ Home Number: _____ Email: _____

Address: _____

_____

City: _____ Postcode: _____ Country: _____

Special Needs / Disabilities

We encourage applicants to disclose any condition which could disadvantage their ability to complete their studies. We do our best to provide students with appropriate support accordingly.

- ☐ Blind - Visually Impaired
- ☐ Deaf - Hearing Impaired
- ☐ Lack of Mobility - Wheelchair
- ☐ ADHD
- ☐ Other (Please Specify) _____
- ☐ Mental Health
- ☐ Personal Care
- ☐ Autism
- ☐ Learning Difficulty (Please Specify) _____
- ☐ Asthmatic
- ☐ Diabetes
- ☐ Epileptic

The personal data provided in this form will only be processed for the purpose of the above-mentioned course(s) and shall be processed in accordance with the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Data Protection Act (Chapter 586 of the Laws of Malta). You have the right to request access to, rectification or, where applicable, erasure of your personal data. For further information on how your personal data is processed, please refer to STC Higher Education's Privacy Policy.

I confirm that the information provided in this application form is true and accurate to the best of my knowledge. I have read the application form and the information provided above, understand its contents, and acknowledge that STC Higher Education will process the data contained in this form for the above-stated purpose.

**Only applicable for underage students.*

Date: _____

Guardian Full Name: _____

Student Signature: _____

Signature: _____