

Free ICT Training to Staff within the Hospitality Industry

Course B – Internet at Work

Application form

Title: Mr.	Ms.		Others	:					
Name:									
Surname:									
Age:		years							
Nationality:									
*EU level of En *refer hereunder for tick a		A1	A2	B1	B2	C1	C2		
	A			В				c	
Basic User A1 A2			Independent User B1 B2				Proficient User C1 C2		
Beginner			Intermediate		Upper Intermedia	te Proficie	ency or advanced	Mastery of proficiency	
 Hotel na Locality Departn Position How long have y 	nent:	Image: second	d by this h						
Email address:									
Telephone / Mobile Number:									
		M H	MALTA HOT & RESTAURA ASSOCIATIO	NTS	eSkills Malta	Skills		INFORMATION AND DATA NOTECTION COMMISSIONER	

Application forms filled by hand are to be sent by post in the address written hereunder to: Project ENTER, MCA, Valletta Waterfront, Pinto Wharf, Floriana FRN 1913

The personal information required in this application form will be processed by the MCA according to the Data Protection Act and solely for the purpose of the registration process of the course you are applying for. Such data may be shared with the Malta Hotels and Restaurants Association (MHRA) and the eSkills Malta Foundation, for any verifications which may be required. You have the right of access to your personal information which the MCA is processing and, in the case of any incorrect information, you have the right to seek rectified.