

Application Form

Please fill in the application form, save it and attach to the e-mail. If you need any assistance with filling in the application form, please do not hesitate to contact us.

1. Course Details

Course Title:	<input type="text"/>
Proposed Start Date:	<input type="text"/>
Mode of Study:	<input type="text"/>

2. English Language

IELTS overall band score:	<input type="text"/>	TOEFL score: Paper	<input type="checkbox"/>	Computer-based	<input type="checkbox"/>
Other (specify)*:	<input type="text"/>		<input type="checkbox"/>		

*The College will also accept other approved qualifications equivalent to the IELTS and TOEFL test scores. Please list these below or on a separate sheet if necessary.

3. Personal Details

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Passport/ID Number:	<input type="text"/>
First Name(s):	<input type="text"/>		Surname/Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>		Place of Birth:	<input type="text"/>
Permanent Address			Agent's Address (if any)	
House No:	<input type="text"/>		House No:	<input type="text"/>
Street:	<input type="text"/>		Street:	<input type="text"/>
City:	<input type="text"/>		City:	<input type="text"/>
Region:	<input type="text"/>		Region:	<input type="text"/>
Country:	<input type="text"/>		Country:	<input type="text"/>
Post code:	<input type="text"/>		Post code:	<input type="text"/>

Mobile:	<input type="text"/>	E-mail Address:	<input type="text"/>
Daytime Telephone:	<input type="text"/>	Evening Telephone:	<input type="text"/>
Nationality:	<input type="text"/>	Skype ID:	<input type="text"/>

Do you have any special needs? (Please write yes/no) The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

No special needs	<input type="checkbox"/>	Unseen Disability (diabetes,epilepsy,asthma)	<input type="checkbox"/>
Blind/Partially Sighted	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Deaf/Hearing Impairment	<input type="checkbox"/>	Autistic Spectrum Disorder	<input type="checkbox"/>
Wheelchair User/Mobility difficulties	<input type="checkbox"/>	Specific Learning difficulty (dyslexia)	<input type="checkbox"/>
Personal Care Support	<input type="checkbox"/>	A Disability not listed above	<input type="checkbox"/>
Mental Health Difficulties	<input type="checkbox"/>	Do not wish to complete	<input type="checkbox"/>

4. Academic and Professional Qualifications

Qualifications eg: GCSE, HND, Degree, Access, NVQ, Postgraduate, Masters, Professional	Subject/Unit	From Year	To Year	Place of study	Results (grade or band)	Credit Accumulation (if applicable)

5. Employment and Work Experience (if applicable)

Nature of work/training:	Name of Organisation	Full-time or Part-time	From (mm/yy)	To (mm/yy)

6. Criminal Convictions

The College has a duty to ensure the safety and security of its students and staff. Please tick box if either of the following statements applies to you.

I have relevant criminal conviction that is not spent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am serving a prison sentence for a relevant criminal conviction	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The definition of a relevant conviction is one for offences against a person, whether of a violent or sexual nature, or for offences involving unlawfully supplying controlled drugs or substances, where the conviction concerns commercial drug dealing or trafficking. Such a disclosure does not automatically exclude you from the application process but the college reserves the right to ask for further information about the conviction.

7. References (to be filled in by all applicants)

Name:

Address:

Telephone:

E-mail:

Name:

Address:

Telephone:

E-mail:

8. How did you learn about us?

Google Search

Facebook

Radio

Internet (please specify):

Newspaper

Flyer

Agent

Others (please specify):

9. Supporting Statement

Please write between 250-300 words including any further information in support of your application, for example, reasons for choosing the course, your professional career to date (if relevant) and your current career goals.

10. Refunds

Kindly note the followings:

- Refunds will not be made to a third party.
- The refund process may take up to 2 months from the date when requested for fee refund is filed.
- No refund will be made if any attempt is made to deceive or mislead Global College Malta during the admissions process.
- By signing this application form you understand that the refunds will only be made on request and are at the discretion of Global College Malta.

11. Checklist

Please make sure that all sections of the form have been properly completed and that all required documentation is attached to the form prior to submitting the application. Incorrect forms or missing documents will slow down the admission process. Please note that admission to any course is subject to the verification of original documents by the Registrar upon enrolment at the college.

- Scan of all official documents including transcripts of records, school certificates etc.
- Scan of IELTS/TOEFL or other approved English Language Certificate (if available)
- Scan of passport including photograph and personal detail pages
- Supporting Statement (Section 9)
- Proof of work experience (if applicable)

12. Declaration

1. I am aware that false or purposely misleading statements provided will annul the application form. In case inaccuracies are detected even at later stages, GCM reserves the right to withdraw any offer made and the applicant would not be entitled to a refund of any deposit. The deposit will be refunded fully (less bank charges), in case visa is rejected (upon provision of an official rejection letter from an embassy). Under no other circumstances is the deposit refundable or transferable.
2. I confirm that I have been fully advised of the fees and refunds, I further confirm that I either have been counseled in my own language or, that I understand English.
3. I accept that legal bodies, employers and sponsors are informed on my educational performance and attendance.
4. I confirm that the information given on this form is true, complete and accurate. No information requested or other material has been deliberately omitted. I consent to the storage and processing of this data by Global College Malta under the provision of the 1998 Data Protection Act.
5. The information held by Global College Malta about me may be obtained from various sources, including directly from me and from my dealings with Global College Malta. This will be used by Global College Malta to oversee the admission of students, to assess academic performance, to regulate and oversee the operation and administration of academic courses and where applicable, to process visa applications made by me for study in Global College Malta. I understand that an enrolled student is required to abide by the regulations of Global College Malta and its partner Universities on whose programme a student may be enrolled, and confirm with its policies, procedures, ordinances and regulations
6. I accept liability for payment of tuition fees in the absence of an awarding body.
7. I understand that Global College Malta will use all reasonable endeavours to deliver courses and programmes of study as communicated to the students, and at fee payment structures and fee levels published. It is possible, however, that some changes may occur and Global College Malta reserves the right to make variations to the content or method of delivery of courses, to discontinue or combine courses, to introduce new courses or to adjust fee payment structures or fee levels if at any time such action is considered to be reasonable and necessary.
8. I confirm that I have read and understood the terms and conditions governing the fee payment structures and fee levels for courses and programmes. I hereby apply for enrollment and if accepted, I agree to comply with the standard rules, policies, procedures, regulations and ordinances. If I do not comply with any of these Global College Malta has the right to take disciplinary action against me.

Full name:

Date (dd/mm/yy):

Signature: