

**APPLICATION FORM- Registration Fee €395**

**Course for Residential & Day Care Workers – Advanced Module**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

Title: ……… Name:……………………….. Surname: ………………………...................

Address: ………………………………………………………………….......................

…………………………………………………………………………………….......................

Profession: ………………………………………………………………

Tel/mobile: ………………………………………………………………………

Email: ………………………………………………………………………

Company/Organisation: ..............................................................................

**Signature of Applicant: Date:**

**Payment Options:**

**By cheque**, payable to **Malta University Consulting Ltd**

**By cash** at The University Residence, Robert Mifsud Bonnici Street, Lija

**By Bank Transfer**: Name of Bank: Bank of Valletta p.l.c.

Address: University Campus, Msida

Account Number: 16707297016

IBAN: MT20VALL22013000000016707297016

Bank’s BIC: VALLMTMT

**Note: Payments by cheques are to be sent to:**

 **Ms Maria Bugeja,**

**Malta University Holding Co. Ltd., The University Residence,**

 **Robert Mifsud Bonnici Street, Lija.**