

**Residential & Day Care Work Course 2020/21**

**Registration Form - Registration Fee €305**

**Introductory Module**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

***The personal data requested hereunder is collected and processed by Malta University Consulting (MUC) Ltd in accordance with the provisions of Regulation (EU) 2016/679 (the General Data Protection Regulation, GDPR) and all other applicable privacy and data protection legislation, in furtherance of our legitimate business interest to effect your registration to this seminar and to organize the seminar effectively. To learn more about your rights and MUC’s processing of your personal data, please see our data privacy statement below.***

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

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

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I.D. card number ......................................................................................................................

Date of Birth .................................... Nationality ......................................................

Profession: ………………………………………………………………………………………..

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

Email: ……………………………………………………………………………………………

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

**MUC Updates**

**We will share updates with you about similar courses which may be of interest to you, unless you direct us otherwise.**

**Would you additionally like to hear from us about:**

* **Other courses we offer? Yes\_\_\_\_ No \_\_\_\_**

**You may opt out of receiving all correspondence referred to above at any time by sending an email To: [MARIA.BUGEJA@MUHC.COM.MT](mailto:MARIA.BUGEJA@MUHC.COM.MT)**

**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: Marina Street, Pieta

Account Number: 16707297016

IBAN: MT20VALL22013000000016707297016

Bank’s BIC: VALLMTMT

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

**Ms Maria Bugeja,**

**The University Residence,**

**Robert Mifsud Bonnici Street, Lija.**

***Data Privacy Statement***

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***Your personal data is accessible to MUC employees who are required to process it by virtue of their roles and responsibilities. We will not share it with third parties unless this is necessary for compliance with a legal obligation to which we are subject, unless this is necessary to protect your vital interests or the vital interests of third parties, unless this is necessary for the performance of a task carried out in the public interest, or unless you have given us your consent.***

***You have the right to request access to your personal data that is held and processed by us, the right to request its rectification if it is inaccurate, the right to request data portability, and where applicable, the right to request restriction of processing or erasure of such data, and the right to object to our processing thereof.***

***For further queries or concerns relating to MUC’s processing of your personal data, you are invited to contact our Data Protection Officer at*** [***dpo@um.edu.mt***](mailto:dpo@um.edu.mt)***. You are furthermore reminded of your right to lodge a complaint with the Office of the Information and Data Protection Commissioner, Malta.***



**Residential & Day Care Work Course 2020/21**

**Registration Form - Registration Fee €360**

**Intermediate Module**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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I.D. card number ...............................................................................................................................

Date of Birth .................................................. Nationality .................................................

Profession: ……………………………………………………………………………………………..

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

Email: ………………………………………………………………………………………………….

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

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**Residential & Day Care Work Course 2020/21**

**Registration Form - Registration Fee €400**

**Advanced Module**

Venue: University Residence, Robert Mifsud Bonnici Street, Lija

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

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I.D. card number ...........................................................................................................................

Date of Birth .............................................. Nationality .................................................

Profession: …………………………………………………………………………………………..

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

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

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