



Scholastic Year: 2016-2017



DIRECTORATE FOR QUALITY AND STANDARDS IN EDUCATION MINISTRY OF EDUCATION AND EMPLOYMENT



Information Education : Courses

Name of Student: _____

Address: _____

Course followed: _____ (Name and address of institution)

Stamp (if available)

SLC MQC Registration Number

The course is _____ weeks / months / year/s long.

The student has been attending regularly* [] Yes [] No

* not less than 85% attendance

Skills achieved during the course:

ORGANISATION: Declaration Form

I, _____ ID number _____, teach _____ in the above mentioned course, and declare that all the information provided is correct.

Signature

PARENT/GUARDIAN:

Name and surname of parent/guardian of student (BLOCK LETTERS)

Signature

ID Number

The information provided shall be processed in accordance with the provisions of the Data Protection Act (2001) and processed for the purpose(s) of the Secondary School Certificate and Profile.