



Scholastic Year: 2018-2019



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



Informal 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.