



**For Office Use Only:**

Reference Number

Date and Stamp received by the

Corporation

This Form is to be used by:

* Students who are in the process of enrolling or having enrolled within one (1) year from commencement date of a training programme which adheres to the parameters set in the Incentive Guidelines of the Get Qualified scheme and has already been approved by the Corporation.
* Students, who are in the process of enrolling or having enrolled within one year from commencement date of a training programme which has still not been considered eligible for the scheme by Malta Enterprise, must submit this application form together with the **Application Form for Courses to be considered as eligible under *The Get Qualified Scheme*.** No Certificates will be issued by the Corporation prior to receiving the receiving the proof of payments.

The list of approved courses can be accessed from:

<http://www.maltaenterprise.com/en/support/get-qualified>

Please note that:

1. Students, who have applied for funding through any other Government of Malta initiative for funding costs related to the attainment of a certification, may only apply for a tax credit in relation to that certification, if such funding is declined.
2. The applicant should submit this form to the educational service provider who is to fill in the last section entitled Approved Representative of Awarding Body.
3. Only typed application forms will be accepted.
4. Should the format of the application form be altered, the application form will not be accepted.
5. **The application forms (together with its annexes) are to reach Malta Enterprise duly signed, within twelve (12) months from commencement date of course.**
6. **A copy of Proof of Payments (en cashed cheques or bank transfers) needs to be forwarded to Malta Enterprise within three (3) months from successful termination of the course.**
7. **No Certificates will be issued by the Corporation prior to receiving the requested Proof of Payments within the stipulated deadline.**

**Personal Data Protection**

The information provided in this form will be processed by Malta Enterprise Corporation to assess your eligibility, approve or otherwise assistance under this scheme, and may also be disclosed to the Inland Revenue, ETC, Education Department, or any other Governmental Entity. Personal information collected in this form shall be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta.

The applicant has the right to access, rectify, and where applicable, the right to erase personal data. Malta Enterprise Corporation guarantees fair processing in respect of the applicant’s personal information. Furthermore, Malta Enterprise will solely send the applicant information related to the Corporation’s services.

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| 1. Applicant Details | Title | Choose an item. | Address |  |
| Given Name(s) |  |  |
| Surname |  |  |
| Date of Birth | Click here to enter a date. | Telephone |  |
| ID Card Number |  | e-mail |  |

**If you are currently employed please provide the details of your employer below**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.Employment Status | Name  of Employer |  | | |
| Telephone |  | Address |  |
| e-mail |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3.Certification Details | Name of Certification |  | |
|  | Awarding Body |  | |
|  | Local Representative of Awarding Body (if applicable) |  | |
|  | Commencement Date | Click here to enter a date. |  |
|  | Expected Termination | Click here to enter a date. |  |
|  | Name any sources from which the applicant may be reimbursed for any of the above costs (attach any relevant agreements)[[1]](#footnote-1): |  |  |
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| 4. Applicant ‘s Declaration | I, hereby declare that the information being submitted with regards to this information.  I also confirm that the costs on which the tax credit is being claimed are not reimbursable from other sources or otherwise recoverable.  It is understood that any aid to be granted by Malta Enterprise is conditional to the completion of the study course.  By signing this declaration I hereby authorise Malta Enterprise Corporation to process the data contained in this form for the purpose stated. I also authorise Malta Enterprise Corporation, as the administrator of the scheme, to disclose to the Commissioner of the Inland Revenue, ETC, Education Department or any other Governmental Entity any information, documents and records which the Corporation may have obtained in connection with this applicatio. I also authorise the Inland Revenue Department and Malta Enterprise to exchange any information related to the utilisation of the tax credits. | | |
| **Signature** | | Click here to enter a date. |
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| 5. Approved Representative of Awarding Body | I, hereby certify that:   * The student has been accepted by the Awarding Body to follow a course of studies leading to the certification named above. * The fees registration, tuitions and examinations listed above are correct. * There has been no change to the course content and structure since the submission of relevant expression of interest to the corporation. | |
| **Signature & Stamp** | Click here to enter a date. |
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| 1. Annexes (kindly tick where appropriate) | Official documentation issued by the Awarding Body illustrating the total fees (registration, tuition and examination)  Official documentation illustrating the fees and actual costs by the Institute (if applicable)  An official document from the Awarding Body that certifies that the applicant has been accepted for the course  Copies of sponsorship agreements (if applicable)  Proof of payments (enchased cheques or a copy of bank transfers) |
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1. Students applying for or receiving funding from other public (Government of Malta) sources should not apply. [↑](#footnote-ref-1)