

Examinations Department
ELT COUNCIL - TELT (Test for English Language Teachers) - MARCH 2017

Notice published in Government Gazette No. 19,727 dated 14th February 2017

REGISTRATION DATES:

This form, fully and legibly completed by the candidate is to be presented at the Department of Examinations, the Mall, Sarria Street, Floriana or at the Examinations Centre, Fortunato Mizzi Street, Victoria, Gozo as follows:

FROM: MONDAY 10th April 2017

TO: WEDNESDAY 19th April 2017

OPENING HOURS: 8.00 a.m. to 12.00 p.m. and
1.30 p.m. to 4.00 p.m.

Mondays to Fridays only.

** Together with each application, candidates must pay a fee of €11.50 and present their official I.D. card or other means of official identification. The Oral session in English will be held on the 26th and 27th April 2017. Payments are accepted only by card or cheque payable to the Director of Examinations.*

I.D. Card No: _____

WRITE IN BLOCK LETTERS

Surname: _____ Name: _____

Door no./house name: _____ Street: _____

Place: _____ Postcode: _____

Gender: _____ Tel. No. _____ Mobile no. _____

Date of birth: _____ E-mail: _____

- I am applying for:
a) TELT (Oral Session) (€11.50)
- I confirm that I have completed Part I of the Test for English Language Teachers (TELT).
- I understand that the personal information provided on this form is protected and used in accordance with the provisions of the Data Protection Act (Cap. 440).* This information shown may be used for record purposes by the Examinations Department and the ELT Council.

Date: _____

Candidate's Signature: _____

***DATA PROTECTION**

A copy of the Data Protection Policy may be obtained from the Department of Examinations, Floriana or from the Gozo Examinations Centre, Victoria. This policy is also available through the internet on the Department's website on www.exams.gov.mt. Queries or issues regarding personal details, including sensitive data are to be addressed to the Data Protection Officer, Examinations Department, The Mall, Sarria Street, Floriana FRN 1460.

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|-----------------|--|
| Rec. No. | |
| Checked | |

For Office use

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|-------------------|--|
| Vetted as per CDB | |
| Date | |

