

Printable Course Enrollment Form

Course Title	
Start Date	
Name and Surname	
Address	
Contact Numbers	
Email	
Date of Birth	
ID Number	
VAT Number	
Kindly note:	
requirements. Howe	s must be able-bodied due to the nature of hairdressing services ver, any minor impairment that does not hinder physical ability needs to d to the Centre so that any provisions/measures that might be needed,
	tre will retain this information for administrative purposes only BUT may ome data to the Malta Further and Higher Education Authority.
Signature:	Date:

Date

Signature

Amount

For Administration Only

Deposit Balance