



STUDENT APPLICATION FORM

Award in Basic English for Foreigners — MQF/EQF Level 1, 5 ECTS · Cohort starting 26 October 2026

Please complete this form in full and return it with all supporting documents (copy of ID/passport). Fields marked * are required. Based on the EIA Internal Quality Assurance Policy, Annex A.

Personal details	
Title *	
Full name *	
Gender (M / F / prefer not to say)	
Date of birth (dd/mm/yyyy) *	
Place of birth (city, country) *	
ID / passport number *	
E-mail *	
Mobile *	
Emergency contact person *	
Emergency contact number *	
Residence	
Nationality *	
Country of permanent residence *	
Permanent residence address *	
Residence in Malta (if not a permanent resident, the address you are staying at in Malta)	
Occupation	
Current occupation	
Organisation / institution	
Sector / industry	
Duration of employment (if employed)	
Work / study experience (last 2 years)	
Qualifications (if any)	
Qualification title / awarding institution / MQF-EQF or CEFR level / date achieved	
Language competency	
Native language *	
Other languages (state CEFR level where known)	



Support needs	
Do you have a disability or condition that affects your studies? (Yes / No)	
If yes, nature of the disability and support required (you may instead request an appointment with our Academic Director)	
Programme of choice	
Programme *	Award in Basic English for Foreigners (MQF Level 1, 5 ECTS)
Attendance	Part-time, intensive · Mon/Wed/Fri sessions
Intended start date	26 October 2026
Special requests	

Data protection notice

By submitting this Application Form to Education in Action (EIA) you provide EIA with personal data as data subject. EIA is the data controller. The purpose of processing is to assess and process your application; data is stored securely in EIA's information system under your Student ID, is accessed only by staff in charge of processing (and system suppliers under data-protection safeguards), and is retained for twenty years from the moment the form is considered dormant. You may contact the DPO to access, rectify, restrict or erase your data, and you may complain to the supervisory authority. Full privacy policy available on request.

I declare that I have read and understood the contents of this form and the Privacy Policy. Signature *	
Date *	
Office use only	
Application received (date)	
Received by (EIA employee)	
Student ID assigned	
Vetted by Academic Director (signature / date)	