

NEW ECDL Testing – JULY 2017 CLOSING DATE: 27th March 2017

ID Card Number:		
Name:		urname:
Date of Birth:		ender:
Locality:	Post Code:	E-Mail Address:
Tel No:	Mobile No:	
Candidates MUST be Sch		
The School Rubber Stamp	and Signature of	
Head of School MUST be	e inserted in the space	
provided.		
		Form Student
<u>IMPORTANT</u>		
	ady sat for any ECDL Modul	ER (Username): MTRN e through our Department or through a private centre must
	MONEY WITH THIS APPLI	TT FOR: EACH MODULE COSTS €6.80 (CATION, YOU WILL RECEIVE AN INVOICE AND UCTIONS BY POST)
BASE MODULES		STANDARD MODULES
Computer Essentials		Presentation
Online Essentials		Using Databases
Word Processing		IT Security
Spreadsheets		
I understand that the Examin of the Data Protection Act.*	nations Department requires my p	personal details to process my application according to the provisions
Date: Can	ndidate's Signature:	Parents/Guardian's Signature:
* DATA PROTECTION		(if candidate is under 16 years of age)
A copy of the Data Protect		om the Department of Examinations, Floriana, or from the Gozd vailable through the Internet on the Department's website or
Queries or issues regarding Department, The Mall, Flori		itive data are to be addressed to the Data Controller, Examination
For Official Use Only Serial Number:	Received By:	Entered in Computer by: