



Informal Education: Courses

Name of student: _____ Scholastic Year: _____

Address: _____

Course followed: _____

(Name and address of institution)

Stamp (if available)

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MQC Registration Number

The course is weeks / months / year/s long.

The student has been attending regularly.* Yes No

*not less than 85% attendance

Skills achieved during the course:

ORGANISATION: Declaration Form

I, _____ ID number _____, teach _____ in the above mentioned course, and declare that all the information provided is correct.

Signature

PARENT/GUARDIAN:

Name and surname of parent/guardian of student (BLOCK LETTERS)

Signature

ID Number

The information provided shall be processed in accordance with the provisions of the Data Protection Act (2001) and processed for the purpose(s) of the Secondary School Certificate and Profile.