

# Course Application

## Name of Course

## Details of Applicant

### 1. Personal details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	National ID Card / Immigration ID Card Number	

### 2. Contact details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Mobile	Email Address

### 3. Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
House Name / Building Name	Level	Apartment Number
<input type="text"/>	<input type="text"/>	
Street	Atoll / City	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Island / District	Postcode	Country

### 4. Academic qualification

*Details of the highest, relevant academic qualification that you have obtained.*

<input type="text"/>	
Qualification	
<input type="text"/>	<input type="text"/>
Education Institution	Awarding Institution

### 5. Professional qualification

*Details of the highest, relevant professional qualification that you have obtained.*

<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification	Year of Qualification	Membership Status

## Document Checklist

You are required to submit these documents together with this application.

- Copy of National ID Card or Immigration ID Card of the applicant
- Accredited certificates of the academic qualifications obtained
- Attested certificates of the professional qualifications obtained

## Declaration

I declare that the information given on this form is true and correct and I understand that providing false or misleading information could result in MTA cancelling my application.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Other Names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	Date		

### For Office Use Only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By	Received Date	Entered By	Number