**APPLICATION FOR IEU REGISTRATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A: LEARNER DETAILS** | | | | | | | | | | | | |
| Name: |  | | | | | Surname: | | |  | | | |
| ID No.: |  | | | | | Age: | | |  | | | |
| Mobile no.: |  | | | | | Phone no.: | | |  | | | |
| Course interested in: |  | | | | | | | | | | | |
| **Section B: PARTICULAR NEEDS** | | | | | | | | | | | | |
| * Dyslexia | | * Learning difficulties | | | * ADHD | | | | | * Autism | | |
| * Medical condition: |  | | | | | | | | | | | |
| * Other: |  | | | | | | | | | | | |
| **Section C: CERTIFICATION** | | | | | | | | | | | | |
| I, the undersigned hereby certify that the information provided is true and correct.  The information provided and collected through this form will be treated by MCAST in strict confidence and processed in accordance with our applicable Privacy Notice only for the purposes specified in the same notice. | | | | | | | | | | | | |
| Learner signature: |  | | | | | Date: | | |  | | | |
| **If learner is under 16, complete the following section.** | | | | | | | | | | | | |
| Is the learner aware of the application for IEU registration? | | | | | | | * Yes | | | | | * No |
|  | Parent 1 / Legal Guardian 1 | | | | | | Parent 2 / Legal Guardian 2 | | | | | |
| Name: |  | | | | | |  | | | | | |
| Surname: |  | | | | | |  | | | | | |
| Contact number: |  | | | | | |  | | | | | |
| Email address: |  | | | | | |  | | | | | |
| Signature: |  | | | | | |  | | | | | |
| Date: |  | | | | | |  | | | | | |
| **SECTION C: REFEREE** | | | | | | | | | | | | |
| Name and surname: |  | | | | | | | | | | | |
| Contact number: |  | | | | | | | | | | | |
| Email address: |  | | | | | | | | | | | |
| Role in learner’s education: | * Lecturer | | * LSE | * Mentor | | | | * Other: | | |  | |
| Is the learner aware of the referral? | * Yes | | | | | | | * No | | | | |
| Referee signature: |  | | | | | Date: | | |  | | | |
| ***FOR OFFICE USE ONLY*** | | | | | | | | | | | | |
| Approved by: | *name and surname in block letters* | | | | | | | | | | | |
| Signature of IEU Deputy Director: |  | | | | | Date: | | |  | | | |

|  |
| --- |
| **FOR YOUR INFORMATION** |
| * The IEU will never impose any kind of support on learners with particular needs. It is up to the learners to decide what level of support they require. * If no particular support is required, being registered with the IEU will enable us to make your lecturers aware of your particular need/s. * After submitting this application you will be contacted by the IEU for an appointment during which you can discuss further details with the respective Deputy Director and be registered with the unit. * The following documents are required for registration: * Identity Card * A recent psychological report (if applicable) * A medical report or certificate (if applicable) * Access arrangements letter by the ADSC / MATSEC (if applicable) * Other relevant documents you feel are important for us to provide better support (e.g. IEP).   *No photocopies are necessary as documents will be scanned during the meeting.*   inclusiveducation@mcast.edu.mt / joseph.zammit@mcast.edu.mt   23 987 127 / 237 |