

Pre-Entry Colour Vision Clearance

This document is to be correctly filled-in and endorsed by all applicants wishing to be considered for the following MCAST programmes of study

ALP+ Extended Diploma in Automotive Repair (Body and Paint)
Diploma in Automotive Repair (Body and Paint)
Undergraduate Dip. in Auto Electronics and Electrical Technology

Advanced Diploma in Aircraft Maintenance (Aeroplanes - Turbine Engines)
Advanced Diploma in Aircraft Maintenance (Avionics)

ALP+ Extended Diploma in Heating, Ventilation and Air Conditioning
Diploma in Heating, Ventilation and Air-Conditioning

ALP+ Extended Diploma in Electrical Installations
Diploma in Electrical Installations - Malta and Gozo
Advanced Diploma in Electrical Systems - Malta and Gozo

This is an integral part of the process leading to the eligibility or otherwise to the course. Document is also required from those applicants who will be progressing from one level to the next through a Form B



MCAST

A scan of the filled-in document must be uploaded together with the online application submitted during the Main Call for FT Course Admissions, closing on Monday 25 August 2025. With this document (duly endorsed as required) not uploaded on application, the application cannot be processed and vetted for eligibility.

The **Original hardcopy** version of the filled-in and signed document is **ALSO** to be (physically) submitted at the Reception Desk, **Institute of Engineering and Transport**, Main Campus, Paola, **by not later than the end of the first week of lectures of the programme of study the applicant would have been found eligible for and eventually would have become a Registered MCAST student.** In the absence of this form being submitted as explained above (duly filled-in and signed) any Registration as a student will be withdrawn / cancelled by the set deadline

Kindly refer directly to the Institute of Engineering and Transport (<https://mcast.edu.mt/contact-us/>) for any clarifications which may be required in relation to this form.

Not submitting a scan of this filled-in document as an upload with your application, and eventually submitting at IET Reception Desk a signed (original) hardcopy of same, by the set deadline, will indicate that you are no longer interested in having your application processed further OR (as may be the case) being considered further as an MCAST Registered student on the programme of studies you applied for and for which you would have been found eligible in terms of Exam / Qualification entry requirements.

IMPORTANT NOTE:



If the programme of study you are following requires that REWS also get the necessary Colour Vision Clearance, it is very important that besides the first part of this Document, **the last page** of this Document, **will also be** filled in and completed accordingly - in full.

ALL pages in this document need to be reviewed and acted upon accordingly (wherever there is the need to fill in and/or endorse with a signature)

Applicant's Details

This part of the document is to be filled in by the person applying for any of the courses listed on page 1 of document

If under 18 years of age, Parent / Legal Guardian consent is required
prior to visiting the Professional Medical Practitioner who will fill in and endorse the remaining part of the document

Name and Surname of Applicant:

ID Number:

Date of Birth:

Tick accordingly:

Age: yrs

☐ Male

☐ Female

☐ Other

Course Title (in full)
which applicant would
like to be considered for
(depending on final eligibility):

Declaration by Professional Medical Practitioner, administering test and confirming outcome:

Arising from the necessary Tests administered for the purpose, I hereunder, in my capacity as a Professional Medical Practitioner, declare the following outcome in respect of applicant identified as per Personal Details above (clearly tick accordingly);

- ☐ 1. **Applicant is cleared of** colour blindness condition/s which may be considered as an impairment resulting in an unsafe and improper execution of electrical wiring installation works or related as part of his/her Vocational Training within the programme of studies s/he is subscribing for at MCAST.
- ☐ 2. **Applicant is found to manifest Colour Vision Deficiency**, impeding him/her from moving on with his/her Course Application, as this will clearly result in an unsafe and improper execution of electrical wiring installation works, or related, as part of his/her Vocational Training within the programme of studies s/he is subscribing for at MCAST.

Full Name and Surname of Professional Medical Practitioner carrying out Test and declaring result:

Medical Council
Registration Number

Official Stamp

Signature of Professional Medical Practitioner carrying out Test and declaring outcome:

Date of Colour Vision
Test and Declaration
of outcome;

Applicant Declarations:

I hereby bind myself to ensure that I disclose my condition to any employer with whom I shall be conducting my apprenticeship or similar, at the beginning of same experience. I understand the importance of providing this information for workplace safety and any necessary accommodations that may be required.

I confirm that the information being provided herein, is valid and authentic, and that I have submitted this form to a Professional Medical Practitioner as identified and signed later on in this document – in my presence during a medical test done for the purpose of this Colour Vision Clearance Test.

Signature of
Applicant:

Date in which the form is
being submitted online to
MCAST Admissions:

If Applicant is under the age of 18 years by the date of submission, Parents / Guardians signature and consent is required hereunder;

Signature of
Parent /
Guardian
(Father):

Full Name and
Surname as well
as ID Number
of Parent /
Guardian
(Father):

Signature of
Parent /
Guardian
(Mother):

Full Name and
Surname as well
as ID Number
of Parent /
Guardian
(Mother):

In instances where contrary to MCAST clear recommendations, the applicant would willingly want to take own full responsibility and proceed with the programme of studies requiring Color Vision Clearance – which is here resulting as not to be the case - same applicant is asked to immediately ask for an appointment with the Director of the Institute of Engineering and Transport to discuss matter and proceed as will be guided thereon.

Furthermore in such specific cases of taking responsibility to proceed with studies, even if Tests have concluded Color Vision Deficiency, I/we (as identified and signed earlier on in this document) hereby release, discharge, and indemnify MCAST, including its officers, employees, and agents, from and against any and all claims, demands, actions, liabilities, damages, costs, or expenses that may arise, directly or indirectly, in connection with Colour Vision Deficiency and any resultant effects.

Only tick here if the above is applicable to your decision:

- ☐ I will be myself approaching the Director of the Institute of Engineering and Transport, in order to express my wish to take full responsibility and proceed with the programme of studies. That way a way forward will be established accordingly.

A3 – Medical Doctor Certification (to be provided with a new request for an Authorisation)

I, the undersigned medical doctor, hereby certify that the applicant (name & surname): _____ whose details are shown in section A1, is not affected by a colour blindness condition which may be considered as an impairment resulting in an unsafe and improper execution of electrical wiring installation works.

MD Name:	MD Surname:
ID Card/Passport No.:	
Telephone Number:	Mobile Number:
Nationality:	
Medical Council Registration No:	
E-Mail:	
House Name and Number:	
Street:	
Locality:	Post Code:

Rubber Stamp

Signature

Date