Scholastic Year	•
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Class: _____





DIRECTORATE FOR QUALITY AND STANDARDS IN EDUCATION MINISTRY OF EDUCATION AND EMPLOYMENT



Informal Education: Courses	
Name of student:	
Address:	
Course followed:	
(Name and addres	s of institution)
Stamp (if available)	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	
l,	
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 (BL)	OCK LETTERS)
Traine and surname or parenty guardian or student (BE	
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.