



Informal Education: Organisations

Name of student: _____

Address: _____

Member of: _____

(Name and address of organisation)

Organisation's Stamp

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MQC Registration Number

She / He has been a member of this organisation for weeks / months / years.

The student has been attending regularly.* Yes No

*not less than 85% attendance

Activities which the student actively participated in within the organisation:

ORGANISATION: Declaration Form

I, _____ ID number _____, who holds
the position of _____ within the above mentioned
organisation, declare that the information provided above 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.