H

L-Università ta' Malta

MATSEC
Examinations Board
Tel: +356 2340 2814/5/6
matsec@um.edu.mt

FORM H - Synoptic Assessment Registration

Vocational Subjects

Name and Surname:	
ID card Number:	
Telephone Number:	
Mobile Number:	
Email Address:	
Home Address:	
School Attended:	

SUBJECT (UNIT 3)	
SEC Agribusiness	☐
SEC Engineering Technology	☐
SEC Fashion & Textiles	☐
SEC Hairdressing & Beauty	☐
SEC Health & Social Care	☐
SEC Hospitality	☐
SEC Information Technology	☐
SEC Media Literacy Education	☐
SEC Retail	☐

Candidate's Signature **Date** **MATSEC's Official Signature**

Signatory's Declaration (if applicable)

I, _____ ID no _____ am legally authorised to register for MATSEC examinations on behalf of this candidate. If necessary for the purpose of this registration, I am legally authorised to provide/amend any personal data which MATSEC holds in relation to this candidate.

Signature: _____ *Date:* _____