



## **Application for Renewal of EFL Permit**

## **Section A: Particulars**

1.	EFL Permit Number:	
2.	Title:	
3.	Family Name:	
4.	First Name:	
5.	Gender:	
6.	Maiden Name (if applicable):	
7.	Nationality:	
8.	ID Card Number:	
9.	Date of Birth	
10.	Telephone Number:	
11.	Mobile Number:	
12.	Email:	
13.	Address 1:	
14.	Address 2:	
15.	Town:	
16.	Current Country of Residence:	
17.	Post Code:	
Non-Maltese or Non-EU nationals		
18.	Work Permit Number:	
19.	Work Permit Expiry Date:	
20.	Passport Number:	
21.	Passport Expiry Date:	

## **Section B: Declaration by Director of Studies (where applicable)**

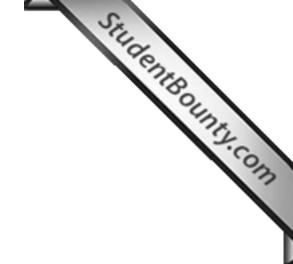
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Section B: Declaration by Director of Studies	s (where applicable)
a) Individual:	
OR	
b) Organisation:	
School's Name:	•
Director's First Name:	
Director's Family Name:	
School Email:	
Director's ID Card Number:	
Date:	
Tick $a$ or $b$ as applicable.	
I hereby declare that	
a) is currently employed as a full-time/part-time	e teacher at the above school
b) is being offered full-time/part-time employn School provided that the necessary approval is Monitoring Board.	
Date:	Signature of Director of Studies & School Stamp
I, the undersigned, hereby apply for the issue of 60 of 1996 and 133 of 1998 and declare that the	f a temporary <sup>1</sup> EFL Permit in terms of Legal Notices e following information is true and correct.
Date:	Applicant's Signature
	Applicant s Signature

<sup>&</sup>lt;sup>1</sup> The EFL teaching permit is issued for a period of 12 months

## **NOTES:**

1. All applications are to be addressed to:

EFL Monitoring Board, Room 103, Ministry for Education and Employment, Great Siege Road, Floriana, VLT 2000.



NB: The EFL Monitoring Board may use this information in order to take any necessary action in pursuance of full compliance with Chapter 518 of the Laws of Malta.

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