



LEONARDO DA VINCI PROGRAMME

SIGHT – Skill Improvement in Gozitan Hospitality and Tourism

NAME: _____ SURNAME: _____

GENDER: MALE / FEMALE

DATE OF BIRTH: _____ I.D. CARD NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____ MOBILE: _____

I.D. CARD NUMBER: _____

POSTAL ADDRESS: _____



EDUCATIONAL BACKGROUND

PRIMARY: _____

SECONDARY: _____

POST-SECONDARY: _____

TERTIARY: _____

ON-THE JOB TRAINING: _____

WHY WOULD YOU BE INTERESTED IN PARTICIPATING IN THIS PROJECT?

(Use a separate sheet if necessary)

SIGNATURE: _____ DATE: _____

Kindly fill in and send to: **Mr. Ruben Cassar, Executive Secretary, Xewkija Local Council,
2, Triq Torri Tingi, Xewkija, XWK2231**

By not later than: **14th March, 2008**