



### Informal Education: Courses

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Course followed: \_\_\_\_\_

\_\_\_\_\_  
(Name and address of institution)

\_\_\_\_\_  
Stamp (if available)

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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

I, \_\_\_\_\_ ID number \_\_\_\_\_,  
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 (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.