

DATA PROTECTION AUTHORISATION FORM

Name and Surname	
ID Card Number	
Mobile number	
Telephone number	
Email address	
Address	
Project Name	Malta Arts Scholarships Scheme
Was your involvement in the Scheme due to Scholarship?	
Scholarship	<input type="checkbox"/>

I, _____ hereby give my consent to the Scholarships Unit – Ministry for Education, Sports, Youth, Research and Innovation to make use of all the personal information that I have given and/or to confer this information to any other institution as the Scholarships Unit may require. The Scholarships Unit declares that all the personal information will only be used for the sole intends and purposes of the sponsorship scheme and/or project and the processes and procedures related thereto, including but not limited to the publishing of personal information as specified in the Regulations.

I also give my consent to be contacted in the 12-month period subsequent to the conclusion of my participation in the Scheme. This contact will assess the impact of my participation in the Scheme as well as analyse the outcome of such participation.

Signature

Date