



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)

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 teacher at the above school

b) is being offered full-time/part-time employment as a teacher at the above School provided that the necessary approval is obtained from the EFL Monitoring Board.

Date:

.....
Signature of Director of Studies
& School Stamp

I, the undersigned, hereby apply for the issue of a temporary¹ EFL Permit in terms of Legal Notices 60 of 1996 and 133 of 1998 and declare that the following information is true and correct.

Date:

Applicant's Signature

¹ 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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