



INSTITUTE FOR PASTORAL MINISTRY

Application Form – Safeguarding of Minors (SM)

Please fill in block letters.

1. First Name: _____ Last Name: _____

2. Postal Address: _____

3. Email Address: _____

4. Date of Birth (day) _____ / (month) _____ / (year) _____

5. Gender: Male ☐

Female ☐

6. Identity Card No. _____

7. Mobile Number: _____

8. Parish/Organization/Occupation: _____

9. Any special needs/requirements: Yes ☐

No ☐

If yes, kindly explain: _____

Academic Qualifications - Secondary Education/School leaving certificate/Ordinary Level Certificate

Name of School / Institution _____

Academic Qualifications – Post Secondary/Vocational School

Name of Institution _____

Academic Qualifications – Other Certificates

Name of College/University/Institution _____

Qualification _____

Name of College/University/Institution _____

Qualification _____

Please include the follow when returning this form:

1. A copy of the relevant certificates/Diplomas mentioned above.
2. A copy of Identity Document.

Course fee

The payment of **€80** for this course (together with this application form) must be sent **by the 11th of July 2025**. Payments are accepted by cheque payable to the **Diocese of Gozo**. Payments may also be made through bank transfer to APS Account: Gozo Diocese Operations, IBAN: MT24APSB77035000670820001176013. When paying using bank transfer kindly provide your name, surname and course name in the payment details section.

Please return completed application forms with all necessary attachments and payment to:

- Gozo Curia Receptions: B.O. Box 1, Triq ir-Repubblika, Victoria VCT 1000, Gozo

Data protection

To comply with the General Data Protection Regulation (GDPR) 2016/279, the Data Protection Act (Cap 586), the Education Act (S.L.440.09 – 2015) and its subsidiary legislation, the Diocese requires your permission to collect, process and store your personal data.

Your data will only be used for training and promotional purposes related to the work of the Diocese of Gozo / IPM. Your data will not be used for any other purpose or passed on to third parties.

Please tick the option for each of the statements below:

I grant permission for my data to be collected and processed (e.g. name and surname, I.D. card number, contact telephone numbers, address and email address).

Yes ☐ No ☐

I grant permission for my photographs to be used in printed publications the Diocese produces for promotional purposes.

Yes ☐ No ☐

I grant permission for my image and/or video recordings to be used on the website and social media pages of the Institute for Pastoral Ministry, of the Diocese and of entities related to it.

Yes ☐ No ☐

Declaration

I hereby certify that all the information given on this form is correct and that I confirm that I have read and understood the information in the Student Agreement. Should I be admitted as a student, I agree to uphold and ideals, standards and regulation set forth by the Institute For Pastoral Ministry to respect the principles and traditions it upholds as a Church-related institution for Further Education

Signature

Date

Notification of Acceptance

If accepted, you will be notified in writing via email using the same email address that you provided in this application form. If an email address isn't provided, you will be notified via postal address / contact telephone number.