

# Building and Construction Authority

The Exchange, Spencer Hill, Marsa MRS1982 T: 2095 5000

E: education.bca@bca.org.mt

W: www.bca.org.mt

# Construction Industry Skills Card Application Form

## SECTION A: APPLICANT DETAILS (DETAILS IN BLUE WILL BE SHOWN ON THE ONLINE REGISTER)

Name and Surname			
ID Card Number			
Email Address			
Contact Number			
Address			
SECTION B: TYPE OF APPLICATION (KINDLY MARK WHERE APPLICABLE)			
☐ New Application	☐ Renewal	☐ Replacement	
SECTION C: DECLARATION AND DOCUMENTS SUBMITTED			

I, hereby declare that the information above is currently correct and up to date. I understand and agree that the information on this form will be used by BCA for purposes of administering the Construction Industry Skill Card (CISC) in order to fulfil the needed functions according to law and in line with the provisions of the Data Protection Act (CAP 440). This may include passing on information to third parties, like employers or training providers, and for this purpose, the data may be entered onto an online directory accessible via a website. BCA may verify the authenticity of the information supplied with relevant third parties. Data marked in a blue box, may be entered onto an online directory that is accessible to the general public through a website and through mobile apps.

#### Enclosed to this application form, I am submitting the below documents:

- 1. Passport photo in JPEG format
- 2. Copy of a recognised Health and Safety Awareness Course Certificate/Card
- 3. Copy of other qualification/s obtained in relation to the requested occupation/s
- 4. \*MQRIC letter of recognition (applicable only for qualifications awarded by Foreign Bodies, VINFL or Trade Tests)

\*only if applicable



### SECTION D: SKILLS CARD APPLIED FOR

Kindly indicate which skills card you are applying for, by writing down the skill in the related box. If you are applying as a Trainee kindly mark the box with an "X"

Trainee

Skilled Worker	Trained Operative
Craftsperson	Technician
	UILDING & CONSTRUCTION
<del>-                                      </del>	AUTHORITY
-	7.011101111
Supervisory	Professional
	<del>-</del>

Payment of €15.00 to be submitted via bank transfer on MT42VALL22013000000050018099503

Kindly include payment details as follows: "SKILL CARD NAME SURNAME ID CARD"

Application and required documentation to be submitted via email on education.bca@bca.org.mt

Signature of Applicant

Date

