

APPENDIX I

Personal information on this form is protected and used in accordance with the Data Protection Act.

FORM OF UNDERTAKING FOR GOVERNMENT SCHOLARSHIP HOLDERS

I acknowledge that in accepting the (scholarship/sponsorship/study leave) to enable me to follow a (type of qualification and area of study) at (name of University/Institution)....., during the period (period of studies or study leave) I take advantage of public funds in order to complete the said training and I agree that on completion of the training/studies I will continue to serve the Ministry/Department/Public Sector/other (specify) and/or any other recognised organisation at the discretion of the Government for a period of ⁴ years from the date of my return.

I also accept that the above-mentioned scholarship is being granted to me under the conditions set out in the rules governing the award of scholarships to which I hereby bind myself, a copy whereof is being signed by me and attached hereto.

.....
Signature of student

.....

Countersigned

.....
(Signature of the Representative of the
Government of the Republic of Malta)

.....
(ID Number)

.....
(Date)

The information shown on this form will be used by the Staff Development Organisation/Ministry/Department for record-keeping purposes and for any action that may be required relating to this Undertaking.

¹Subject of the Course

²Place and Country of Study/Training

³Dates of the Course

⁴As per paragraph 3 in Appendix III