



INVEST +

IMPROVING YOUR
FINANCIAL LITERACY

APPLICATION FORM

Full name _____

Gender **Male** **Female** **Other**

Date of birth _____

Contact number _____

Email address _____

Rate your level of financial knowledge on a scale of 1 to 5

1 being the lowest and 5 being the highest

1	2	3	4	5

Tick your preferred date & indicate which modules you wish to participate in

	29 January
Module 1	
Module 2	

	31 January
Module 3	
Module 4	

Submit a paragraph explaining what would you like to gain from the mentoring programme Please type on a separate sheet and attach to the application form (max. 100 words)

I hereby give my consent to the Malta Business Bureau to make use of all the personal information that I have given and/or to confer this information to third parties for the purpose of this training initiative

I hereby give my consent to the project team to be photographed while participating in the mentoring programme. I further authorise that the photographs may be published for any purpose and in any form