

Application to attend an eTwinning Seminar:
Digital Learning Re-Shaping Education
for all educators in Cirkewwa, Malta.

4th – 6th April 2019.

| | |
|--|--|
| Name of Officer (as per ID/Passport) | |
| Designation: | |
| ID card no. | |
| School name and address | |
| Contact email address: | |
| Contact number: | |
| Brief idea for a new eTwinning European Project (To be registered during the Seminar) | |
| Indicate when and how you will disseminate information or experiences with your colleagues. | |
| Signature of Applicant Date | |
| Signature of Head of School/Line Manager | |
| Signature of College Principal (if applicable) | |