

APPLICATION FOR A DISTANCE LEARNING PROVIDER LICENCE RENEWAL

Distance Learning Provider Licence No.
(Administrative use only)

SECTION A: GENERAL INFORMATION

WRITE IN BLOCK LETTERS

A1	Date of Submission Please update the date as applicable	
A2	Name and Surname of the contact person	
A3	Contact person position within the a Distance Learning Provider	
A4	Email address of the contact person	
A5	Telephone and/or Mobile of the contact person	

SECTION B: OWNER/S

WRITE IN BLOCK LETTERS

B1	Owner/s's Name and Surname	
B2	Please include a copy of either the ID Card or Passport Tick this box if copy (front and back) of the ID Card is attached with this application form	<input type="checkbox"/>

SECTION C: GENERAL DETAILS

WRITE IN BLOCK LETTERS

C1	Full Name of the Distance Learning Provider The name indicated here shall be the name used in all media, advertising, published material or promotional material	
C2	Main Office Address The office address provided is to be based in Malta.	

SECTION D: BODY CORPORATE

This is not a prerequisite for those applying under the category 'Further Education Centre' and 'Tuition Centre'.

WRITE IN BLOCK LETTERS

D1	Registration Number of the Body Corporate		
D2	Registered/Official Address		
D3	Type of Body Corporate (Tick the applicable box)	Limited Liability Company <input type="checkbox"/>	Partnership en Company <input type="checkbox"/>
		<input type="checkbox"/> Other (kindly specify)	
D4	Confirm whether the memorandum and articles of association has been changed or updated. If it has been changed or updated, provide a digital copy.	<input type="checkbox"/> Tick this box if a copy is provided	

SECTION E: LEGAL REPRESENTATION

WRITE IN BLOCK LETTERS

E1	Name & Surname of Legal Representative		
	The person appointed shall be based in Malta and authorised to enter into legally binding agreements on behalf of the distance learning provider. The Head may also be appointed as the legal representative of the distance learning provider if s/he is based in Malta.		
E2	Please include a copy of either the ID Card or Passport	Tick this box if copy (front and back) of the ID Card is attached with this application form.	<input type="checkbox"/>
E3	Office address of the Legal Representative		
E4	Email address of the Legal Representative		

SECTION F: HEAD OF DISTANCE LEARNING PROVIDER

WRITE IN BLOCK LETTERS

F1	Name & Surname of the Head of the Distance Learning Provider		
F2	ID Card/Passport A copy of the ID Card (back and front) or passport is to be attached with this application form.	<input type="checkbox"/>	
F3	Email Address		
F4	Contact Number		
F5	Current Head's Curriculum Vitae (CV) The CV must include information regarding the prospective Head of Distance Learning Provider's qualification/s, training and work experience/employment history	<input type="checkbox"/>	Attach an updated CV of the Head of Distance Learning Provider.

SECTION G: DIRECTOR OF STUDIES

WRITE IN BLOCK LETTERS

G1	Name & Surname of the Director of Studies		
G2	ID Card/Passport A copy of the ID Card (back and front) or passport is to be attached with this application form.	<input type="checkbox"/>	
G3	Email Address		
G4	Contact Number		
G5	Current Director of Studies' Curriculum Vitae (CV) The CV must include information regarding the prospective Head of Distance Learning Provider's qualification/s, training and work experience/employment history	<input type="checkbox"/>	Attach an updated CV of the Director of Studies.

SECTION I: LIST OF ACCREDITATION EXAM BODIES YOU ARE AFFILIATED WITH

WRITE IN BLOCK LETTERS

I1	If affiliated with any international organization, accredited by a recognised local or international accrediting body, or certified as an examination centre for ELT-related exams, provide a list of the organizations with which you are affiliated.	
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SECTION J: EMPLOYMENT LICENCE

		Yes	No
J1	All employees have a contract		
J2	All TCN's have a work permit		
J3	All teachers/tutors have a valid ELT Permit		

SECTION K: DISTANCE LEARNING PROVIDER'S PROVISION

		Yes	No
K1	Learning Management System/Virtual Learning Environment		
	The distance learning provider confirms that LMS/VLE and any other digital tools used for teaching and learning adhere to the criteria established by the ELT Council.		
K2	Human Resources		
	All persons involved in the e-learning are adequately qualified, and provide adequate support to learners.		
K3	Technical Infrastructure		
	All technical infrastructure for e-learning guarantees data security and availability.		
K4	Privacy & Security		
	The distance learning provider guarantees the privacy and security of all student data held within its premises.		
K5	Contact Hours		
	The distance learning provider has adequate procedures in place to ensure that all students receive direct instructions from tutors.		

SECTION L: DISTANCE LEARNING PROVIDER'S PROVISION

		Yes	No
L6	Assessment		
	Assessment activities support learning as well as verify learning achievement of learning objectives in a secure manner.		
L7	Verification of Identity		
	The distance learning provider verifies the identity of all students in its courses, as well as ensures that certificates are issued to individuals who have completed the work and achieved the required grades.		

SECTION M: DECLARATION

We acknowledge that:

- i. We understand that the personal data provided on this form will be processed in accordance with the principles of General Data Protection Regulation (EU 2016/679) and the Data Protection Act (CAP440). Personal data will not be shared with third parties without your consent unless authorised by law, or processed for reasons incompatible from those for which it was originally collected. You have the right to access the information being kept about you at any time. For more information, please refer to our Data Protection and Retention Policies found on our website: eltcouncil.gov.mt
- ii. We assume the responsibility to inform the ELT Council of any changes to our circumstances (e.g., address, contact details) while our application is being considered.
- iii. We confirm that the information supplied in this form is complete, correct and up to date. Any information which is incorrect or misleading may lead to the rejection of the application, the eventual withdrawal of the licence if it has been already issued and legal action.

O1	Signature of Owner/s	
O2	Signature of Head of Distance Learning Provider	
O3	Signature of the Legal Representative	
O4	Date of Application	

A signed copy of the application form, together with the required documentation, needs to be sent to info.eltcouncil@gov.mt at least one month prior to the license's expiration date.

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