



APPLICATION  
HEALTHY WEIGHT FOR LIFE  
PROGRAMME

Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ ID number: \_\_\_\_\_

Email \_\_\_\_\_

Height (cms) \_\_\_\_\_ Weight(kg) \_\_\_\_\_

BMI \_\_\_\_\_ **BMI = weight (kg) / height x height (m<sup>2</sup>)**

Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Date of application: \_\_\_\_\_

In which locality would you like to attend? \_\_\_\_\_

Mornings / Afternoon \_\_\_\_\_

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**Direttorat għall-Promozzjoni tas-Saħħa u Prevenzjoni tal-Mard**  
**Dipartiment għar-Regolamentazzjoni tas-Saħħa**

Ministeru għas-Saħħa



**Health Promotion and Disease Prevention Directorate**

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