

Application Form for the Provision of Temporary Service with the Medical Council of Malta

Personal details

Family Name or Surname	
First Name	
Nationality/Nationalities	
Date of Birth	
Age	
ID No. / Passport No.	
Gender	
Full address	
Country	
Post Code	
Status within EU	
Telephone/Mobile numbers	
e-mail address	

The registration number with the Medical Council of Malta is (*applicable only to Medical Practitioners / Dental Surgeons who held previous registration with the Medical Council Malta*):

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The Medical Council reserves all rights to take remedial action and legal procedures in case of failure of disclosure and/or false declarations provided by the applicant.

Please note:

This Application form is in line with the provisions of the Health Care Professions Act (HCPA) 2003, Chapter 464 of the Laws of Malta, Part VIII, Article 42(6)(b) and (d) 'Registration of Citizens of Member States' and Article 7 of the EU Directive 2005/36/EC. Please refer to the enclosed Procedures

Checklist:

1. A certified true copy of the original Passport or Identity Card.⁽ⁱ⁾
2. A certified true copy of the original Primary Medical/Dental Qualification.⁽ⁱ⁾
3. A certified true copy of the original Certificate of Specialist Training from Competent Authority.⁽ⁱ⁾
4. A certified true copy of the original Certificate of Registration from the Competent Authority⁽ⁱ⁾ or an original Certificate of Good Standing from competent authority (this is valid for 3 months from the date of issue).
5. Evidence of indemnity cover
6. Original official translations of any documents/certificates as per above, that are not in English or Maltese.

⁽ⁱ⁾ A 'Certified True Copy' of this document is required. This is to be authenticated by a Notary, or a Lawyer, or by a Maltese Embassy, or a High Commission in your country; and this needs to be Apostilled. Alternatively, the original document and a copy need to be personally provided for verification.

Registration Status (optional)

I declare that I am also registered in

Country and Competent Body	Date or Registration	Registration type	Status

OR

I declare that in the past I held registration in

Country and Competent Body	Date or Registration	Registration type	Status

And I am ready to submit further information if requested by the Medical Council

Yes: _____

No: _____

OR

I do not presently hold and never held registration with any other competent authority

To be filled by ALL applicants

I confirm that the information I have provided in this application for registration is complete, correct and true. I understand that the Medical Council of Malta may make any enquiries that it deems appropriate of the medical/dental regulatory authorities or employers in the country in which I qualified or in any other country where I have worked. I understand that any false declaration in any part of this application or failure of disclosure or false information or documentation provided in support of this application may result in the Medical Council of Malta withholding or removing registration. I agree that all the information provided in this application form may be passed on to other regulatory bodies and relevant institutions.

Signature _____

Date _____

Please note:

- 1. This declaration must not be more than three (3) months old at the time your registration is granted. If for any reason your application is not processed within this time you may be asked to sign another declaration.**
- 2. The Medical Council will only be able to assist you upon the receipt of a duly filled application form and submission of documentation requested in the checklist.**

The complete Application form and Documents requested (as per checklist) are to be returned to:

The Registrar,
Medical Council Malta,
SLH-OPD, Level 1,
St. Luke's Square,
Gwardamangia, PTA 1010
Malta.

Data Protection Statement: All Data collected is processed in accordance with legal provisions, the Data Protection Act (Cap. 586) and the EU Regulation 2016/679 General Data Protection Regulation. Personal Data is not disclosed to third parties if not required by Maltese Law or by other EU obligations.