

SOCIETA' DANTE ALIGHIERI

IL MONDO IN ITALIANO



PLIDA CERTIFICATION 2016 CALENDAR

Application Deadline:

FOR 20th April Session:	DEADLINE	13th APRIL 2016
FOR 18th May Session:	DEADLINE	11th MAY 2016
FOR 8th June Session:	DEADLINE	1st JUNE 2016
FOR 24th August Session:	DEADLINE	17th AUGUST 2016
FOR 30th Nov /1st Dec. Sess.:	DEADLINE	23rd NOVEMBER 2016

2016

Date d'inizio degli esami Exam Dates	Livello Level
Mercoledì 20 aprile 2016 Wednesday 20 April 2016 Followed by orals	B2, C1
Giovedì 21 aprile 2016 Thursday 21 April	Inizio delle prove orali Oral exam
Mercoledì 18 maggio 2016 Wednesday 18 May	A1, A2, B1, C2
Giovedì 19 maggio 2016 Thursday 19 May	Inizio delle prove orali Oral exam

Date d'inizio degli esami Exam Dates	Livello Level
Mercoledì 8 giugno 2016 Wednesday 8 June	B1, B2, C1
Giovedì 9 giugno 2016 Thursday 9 June	Inizio delle prove orali Oral exam
Mercoledì 24 agosto 2016 Wednesday 24 September Followed by orals	B1, B2, C1
Giovedì 25 agosto 2016 Thursday 25 August	Inizio delle prove orali Oral exam
Mercoledì 30 novembre 2016 Wednesday 30 November	A1, A2, B1
Giovedì 1 dicembre 2016 Thursday 1 December	B2, C1, C2
Venerdì 2 dicembre Friday 2 December	A1, A2, B1, B2, C1, C2 Inizio delle prove orali Oral exam

Important notice:

The dates for the written tests are definite as set by the International Board in Rome.

The starting date for the oral tests is also definite. However, depending on the number of candidates, orals may spread over more days. A detailed schedule will be distributed closer to the exam date.

SOCIETA' DANTE ALIGHIERI

IL MONDO IN ITALIANO



**PLIDA CERTIFICATION 2016
REGISTRATION FEE**

FULL PLIDA EXAM	
LEVEL	FEE
A1	€75.00
A2	€75.00
B1	€85.00
B2	€95.00
C1	€135.00
C2	€140.00

PLIDA SKILLS RESIT			
	1 SKILL	2 SKILLS	3 SKILLS
A1	€25.00	€35.00	€45.00
A2	€25.00	€35.00	€45.00
B1	€35.00	€45.00	€65.00
B2	€35.00	€55.00	€70.00
C1	€60.00	€75.00	€96.00
C2	€65.00	€80.00	€100.00

All fees include a 12 month membership of the SDA Malta Committee, in accordance with Statutory and Legal obligations of the Head Office in Rome, applicable to the provision of examination services.

Late applications after the closing date, which are exceptionally accepted, carry a fee of Euro 6.00 to cover bank charges for single transfers of fees to the Head Office in Rome.

Cheques are to be made payable to: Societa' Dante Alighieri

Bank Transfer to:

Account holder: Circolo Dante Alighieri

Bank of Valletta: Acc. No: 14808243013

or

IBAN: MT81VALL22013000000014808243013

When effecting bank transfers kindly provide with application copy of the transaction indicating **SESSION (MONTH), LEVEL, NAME OF CANDIDATE, AND FULL OR RESIT DETAILS**



Società Dante Alighieri

134, Old Bakery Street, Valletta VLT1457 - Tel. 21 238 408 - 99427390
email: info@dantemalta.org

FULL PLIDA EXAM – 2016

Name : _____

Surname : _____

Address: _____

Tel : _____

Mobile (for students' parents): _____

E-mail (for students' parents): _____ (please write very clearly)

Date of Birth of candidate: _____

ID Document No. : _____ (where applicable)

SESSION	Mark with an X the chosen Session
20th April (B2,C1)	
18th May (A1,A2,B1,C2)	
8th June (B1,B2,C1)	
24th August (B1,B2,C1)	
30th November / 1st December	

PLIDA FULL/REGOLARE

MARK WITH AN X THE CHOSEN LEVEL

livello A1 _____

livello A2 _____

livello B1 _____

livello B2 _____

livello C1 _____

livello C2 _____

EXAM FEE:

Once the funds have been transferred to the Head Office in Italy, no refunds can be effected.

DATA PROTECTION STATEMENT

The personal data submitted above will be subject to the Data Protection Act 2001 (Chapter 440 of the Laws of Malta). The SDA will retain this data for the compilation of a database for internal use.

DECLARATION

Details of the Data Protection Statement have been read to me/ I have read the Data Protection Statement and I consent to the information provided in this application being disclosed as described therein.

I declare that the information I have given on this form is accurate and complete.

date: _____

FIRMA (OVER 18 YRS ONLY)



Società Dante Alighieri

134, Old Bakery Street, Valletta VLT1457 - Tel. 21 238 408 - 79238408

email: info@dantemalta.org

RESIT PLIDA EXAM – 2016

Name: _____

Surname: _____

Address: _____

Tel : _____

Mobile (for students' parents): _____

E-mail (for students' parents): _____(please write very clearly)

Date of Birth: _____

ID Document No. : _____ (where applicable)

SESSION	Mark with an X the chosen Session
20th April (B2,C1)	
18th May (A1,A2,B1,C2)	
8th June (B1,B2,C1)	
24th August (B1,B2,C1)	
30th November / 1st December	

MARK WITH AN X THE CORRESPONDING BOX FOR THE LEVEL AND THE ABILITY FOR THE RESIT.

Candidate may have a resit for a maximum of 3 skills

	Ascoltare Listening	Leggere Reading	Scrivere Writing	Parlare Speaking
A1				
A2				
B1				
B2				
C1				
C2				

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I declare that the information I have given on this form is accurate and complete.

date: _____

Signature (OVER 18 YRS ONLY)