National Literacy Agency

GOVERNMENT OF MALTA
MINISTRY FOR EDUCATION AND SPORT

For office use
Reference number: | *Date received:*

NWAR PROGRAMME

The National Literacy Agency offers Nwar, a literacy after-school intervention programme for students who are encountering literacy difficulties in Maltese or English. This programme targets the acquisition of basic skills: phonological knowledge, alphabet knowledge, phonic knowledge, reading, spelling, writing and comprehension strategies.

Nwar is offered for a maximum of 4 Nwar semesters, twice a week in the afternoon (either between 16:00-17:00 or 17:00 - 18:00 depending on the availability), face-to-face in our 11 centres around Malta and Gozo. Once the basic literacy level is reached, students are discontinued from the programme. If the intervention provided does not yield any improvement, students will be withdrawn from the programme automatically. Regular attendance is required. Failure to attend regularly, with a maximum of 4 unauthorized missed sessions, will lead to withdrawal from the service.

Eligibility:

1. Students who have completed Year 2.
2. Students who are in Year 3 and Year 4.
3. Students who are in Year 5 can only apply till the end of November of the year when they commence Year 5.

One can apply in **1 language only.**

Only students who have difficulties with reading and spelling are eligible. Therefore students who have a lack of language exposure and cannot understand and speak the language are not eligible. Applicants will be accepted after an in-house assessment.

Student Application Form

To be filled in by Parent/Guardian

Child's Name & Surname: | Gender:

Date of Birth: | Age:

School: | Year: end of Y2 / Y3 / Y4 / Y5

Parent/Guardian Name & Surname: | Parent/ Guardian I.D.:

Home Tel. No.: | Mob No.:

Email Address:

Home Address:

Locality: | Post Code:

Mark the centres you will be willing to take your child to (the more centres you choose the more chance one has to be called in). Mark these with 1st, 2nd etc. If you can only take your child to one centre just mark the one you prefer.

Centres	*Service Days*	*Preference*
Cospicua (Bormla)	Mondays and Wednesdays	
Fgura B	Mondays and Wednesdays	
Ħamrun (School Street)	Mondays and Wednesdays	
Msida	Tuesdays and Thursdays	
Qormi (San Bastjan)	Tuesdays and Thursdays	
Rabat, Malta	Tuesdays and Thursdays	
San Ġwann	Mondays and Wednesdays	
St Paul's Bay	Mondays and Wednesdays	
Xewkija, Gozo	Mondays and Wednesdays	
Żabbar B	Tuesdays and Thursdays	
Żurrieq	Tuesdays and Thursdays	

My child has already followed the Reading Recovery Programme: ☐ Yes ☐ No

Language chosen for intervention ***(choose one only)***: ☐ Maltese ☐ English

My child has been assessed formally by a psychologist or dyslexia specialist: ☐ Yes ☐ No

- ☐ I confirm that I have attached a copy of the full report by psychologist/ specialist (if applicable).
- ☐ I give the National Literacy Agency permission to collect and use my data and my child's data collected in this form according to the General Data Protection Regulation (GDPR) 2016/279.
- ☐ I am aware that my data will be retained for 2 years after completion of or withdrawal from the programme. All personal data will be deleted 3 months after this period.
- ☐ I am aware that I can give my feedback or lodge complaints through https://nla.gov.mt/forms/
- ☐ I confirm that I agree to the terms and conditions stated.
- ☐ I confirm that the school has filled in and signed the section underneath.
- ☐ I confirm that I have attached the signed piece of free writing sent by the school.

Parent/Guardian Name & Surname: _____ Signature: _____

Date of Application: _____

To be filled in by the school:

I _____ confirm that _____ is encountering literacy difficulties in Maltese or English [please choose **only one language**]. His/her reading level* is _____ from the _____ reading scheme (if applicable). I confirm that I have provided a signed copy of a sample of the student's independent writing (with no help or assistance to complete the task).

Name & Surname:			
Role in SMT:		School tel. no.:	
Email Address:			
Signature:		Date of Application:	

*Pre-reading (PR) refers to a student who cannot read independently yet or reads by sounding out each word.

Application can be scanned and sent to nwar.nla@ilearn.edu.mt

Contact Number: 25983323