



**ΠΑΝΕΛΛΗΝΙΑ ΟΜΟΣΠΟΝΔΙΑ ΙΔΙΟΚΤΗΤΩΝ  
ΚΕΝΤΡΩΝ ΞΕΝΩΝ ΓΛΩΣΣΩΝ**  
 ΛΥΚΑΒΗΤΤΟΥ 2 & ΑΚΑΔΗΜΙΑΣ, 106 71 ΑΘΗΝΑ  
 ΤΗΛ.:210 3636052, 3640792 FAX: 210 3642359  
 www.palso.gr      palsofed@palso.gr



**APPLICATION FORM FOR NOCN ORAL EXAMINERS**

1 School owners are excluded. 2. Please take it to your local Palso Association

SURNAME:	FIRST NAME :	DATE OF BIRTH:
TRN :	TAX OFFICE:	ID NUMBER:
HOME ADDRESS :	CITY:	PROVINCE:
TEL :	MOBILE:	E-MAIL:
CURRENT EMPLOYER'S NAME :		
EMPLOYER'S ADDRESS.:	CITY:	PROVINCE:
TEL :	E-MAIL:	
MOTHER TONGUE:		
ENGLISH LANGUAGE TEACHING EXPERIENCE:		
<input type="checkbox"/> IN A PRIMARY SCHOOL	<input type="checkbox"/> IN A HIGH SCHOOL	FROM..... TO.....
<input type="checkbox"/> IN HIGHER EDUCATION	<input type="checkbox"/> IN TECHNOLOGICAL EDUCATION	FROM..... TO.....
<input type="checkbox"/> IN A FOREIGN LANGUAGE SCHOOL		FROM..... TO.....
<input type="checkbox"/> PRIVATE TUTOR		FROM..... TO.....
EXPERIENCE AS AN ENGLISH LANGUAGE ORAL EXAMINER:		<input type="checkbox"/> YES <input type="checkbox"/> NO
WHEN .....WHERE .....		
WHICH EXAMINATION(S).....		
I ATTENDED A SEMINAR FOR NOCN ORAL EXAMINERS:		
WHEN .....WHERE .....		
I ATTACH (all 3 needed):		
1. <input type="checkbox"/> COPIES OF ENGLISH LANGUAGE QUALIFICATION CERTIFICATES		
2. <input type="checkbox"/> COPY OF ENGLISH LANGUAGE TEACHING LICENSE		
3. <input type="checkbox"/> EMPLOYER'S CERTIFICATION for at least three school years' teaching experience in all exam levels (B1, B2, C1, C2) & very good English articulation and pronunciation		

PLACE, DATE FILLED

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THE APPLICANT

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Signature