



PART OF **nocn** GROUP

# REQUEST FORM FOR SPECIAL ARRANGEMENTS

ATTENTION: You do not need to submit medical evidence again, if you have taken the NOCN examinations under Special arrangements. If you fall into this category, please specify the exact exam period on which the most recent medical documentation was submitted:

E A S P E R I O D \_\_\_\_\_

NOTE: You need to submit the Request form for special arrangements every time you apply for the examinations

Exam Period \_\_\_\_\_

Level      
B1 B2 C1 C2

Exam Center\* \_\_\_\_\_

**state\*the exam center after as ing for the consent of the local Palso association. Your statement is not binding and the exam centre can change according to the potential of PALSO**

## Candidate Information

(Fill in with **CAPITAL LETTERS** and **LATIN** characters according to ELOT and exactly as they appear on identity card/passport)

First Name

Surname

Father's Name

Date of Birth       Gender : Male  Female   
Day Month Year

Individual candidate  School candidate  @ub[i U[Y'gWcc'' \_\_\_\_\_

I confirm that I am fully informed and consent to the collection and use of my personal data by Esol Exams A.E, Palso and Nocn for as long as the purpose for which it was collected remains, in compliance with the E.U General Data Protection Regulation 2016/679

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## Contact Information

Contact person \_\_\_\_\_

e-mail \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

All fields are required

### I attach:

A certified copy of the medical report in Greek from a Public Hospital/Social Insurance (reports from Pavlidis Dyslexia Centers are also accepted)

Date

Signature

Please send the documents by post or courier to: Esol Exams, Σόλωνος 120, 10681, Αθήνα, τηλ. 2103300011