



**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 two school years' teaching experience in all NOCN exam levels (B1, B2, C1, C2) & very good English articulation and pronunciation					
The Applicant agrees that the Association, for the purposes of processing the present application and of fulfilling its legal obligations, will process the Applicant's above personal data in accordance with all applicable laws and in any relevant and appropriate way, including but not limited to:					
<ul style="list-style-type: none"> • Collecting, storing and using above personal data in the context of the present application. • Sharing above personal data with third parties (e.g. affiliated entities) in the European Union. • Deleting above personal data when there are no legitimate reasons to retain them. 					

PLACE, DATE FILLED

THE APPLICANT

.....

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Signature