



Ref. No: _____ Date: _____

Office use only

APPLICATION FOR ESB [], CAMBRIDGE [] ORAL ASSESSORS

Requirements:

- Native Speaker**
- Native Greek** with graduate/postgraduate studies in a country with English as official language
- Native Greek** with English Literature degree, or a degree in other related areas (language, linguistics, translation):
- Bilingual**

Surname: _____

Name: _____

Degree/s: _____

Major/s: _____

Other qualifications: _____

Years of experience in teaching English: _____

Years of experience in teaching in E.F.L.: _____

Have you done oral testing before? Yes No

For whom? _____ When? : _____

Are you a Cambridge approved Oral Examiner? _____ ID CODE: _____

For which levels? _____

Home address: _____

Suburb: _____ Zip: _____

Tel Home: _____ Mobile: _____ Email: _____

Present employer: _____

Address: _____

Suburb: _____ Zip: _____

Tel.: _____ Mobile: _____

Nationality: _____ Date of Birth: _____ Athens _____ 20 _____

Documents to be submitted:

- | | |
|-------------------------------|-------------------------------|
| 1. The above application form | 3. A photocopy of your degree |
| 2. A photo | 4. C.V. in English |
| | 5. Teacher's licence |

EUROPALSO 98-100 AKADIMIAS STR., 10677 ATHENS,**Tel: 210-3830752. Fax: 211-7600080. Email: oralexaminers@europalso.gr**

EUROPALSO processes the personal data that are provided in this application form or are included in related documents for the positions of oral examiners. Data is retained for 1 year. Data subjects may exercise their rights such as access, rectification, erasure, portability, restriction of processing either by submitting their application at Academies 98-100, Athens, or by sending an email to dpo@europalso.gr, both to the attention of DPO, as well as by submitting a complaint to the Hellenic Data Protection Authority (www.dpa.gr) in case that their issue hasn't been resolved.