



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 : **LAST EXAMS PERIOD** _____

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

Exam Period _____

Level

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | B2 | C1 | C2 |

Exam Center* _____

*state the exam center after asking for the consent of the local Palso association

Candidate Information

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

First Name

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Surname

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Father's Name

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Date of Birth

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Day

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Month

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Year

Gender : Male

Female

Individual candidate

School candidate

Language school _____

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

IMPORTANT

ΕΠΑΝΕΞΕΤΑΖΟΜΕΝΟΙ ΥΠΟΨΗΦΙΟΙ - REFER CANDIDATES

| | LISTENING | READING | WRITING | SPEAKING |
|--------|----------------------|----------------------|----------------------|----------------------|
| Part * | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please, put a "P" only in the part(s) that have been **Passed** in past examination(s) **examination**

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)

In case of dyslexia/dysgraphia I also attach 2 recent candidate's writing texts

Date _____

Signature _____

Please send the documents by post or courier to: Esol Exams, Σόλωνος 108, 10681, Αθήνα, τηλ.