



Ref. No: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only

**APPLICATION**  
**FOR ESB [ ], CAMBRIDGE [ ] ORAL EXAMINERS**

**Requirements:**

Native Speaker: [ ] Bilingual: [ ] Native Greek who has Studies Abroad: [ ]

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Degree/s: \_\_\_\_\_

Major/s: \_\_\_\_\_

Other qualifications: \_\_\_\_\_

Years of experience in teaching English: \_\_\_\_\_

Years of experience in teaching in E.F.L.: \_\_\_\_\_

Do you have a teacher's licence? Yes [ ] No [ ]

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: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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          |

**PALSQ 98-100 AKADIMIAS STR., 10677 ATHENS,****TE: 210-3830752, FAX:211-7600080, e-mail: oralexaminers@europalso.gr**