REQUEST FOR VENUE APPROVAL (TEST CENTER)  

Greece only

Please send the completed, signed and stamped form to info@thalescyprus.com.

SCHOOL / INSTITUTION INFORMATION

NAME: _______________________________________________________________________

ADDRESS: ___________________________________________________________________

TOWN: ______________________________________________________________________

POSTCODE: __________________________________________________________________

EMAIL: ______________________________________________________________________

WEBSITE: ___________________________________________________________________

FACEBOOK PAGE: ______________________________________________________________________

CONTACT NUMBER: _(+_____)_____________________________________________________

Number of seats for contestants available: _______________________

I _(name & surname)________________________________________ agree to accept internal and external* candidates to attend the competition.

*candidates - Individual candidates coming from other schools.

Hereby I approve the use of school/institution premises as a venue for the following competitions, to be held for the school students on:

- KANGOUROU Greek Language competition 23/11/2019 11:00-12:15
- OWLYPIA Online competition 7/12/2019 11:00-12:30
- HIPPO English Preliminary Round 22/02/2020 10:00-
- KANGOUROU English competition 07/03/2020 10:00-11:15
- KANGOUROU French competition 07/03/2020 11:30-12:45
- OWLYPIA Online competition 14/03/2020 11:00-12:30
- HIPPO English Semi-Final Round 28/03/2020 10:00-

To be approved as test centre a minimum number of 30 participants is necessary.

*KANGOUROU English & French must be taken at the same test centre by the same pupil.

PRINCIPAL NAME & SURNAME: ____________________________________________

Principal Signature & stamp: ____________________________________________
TEST CENTRE COORDINATOR DETAILS

Name, Surname and Position: ____________________________________________
Contact Phone Number: (+_____) ____________________________
Email: ___________________________________________________________

LIABILITY

I hereby confirm that, by enrolling candidates for the THALES Foundation competitions, I accept the examination regulations (available on www.thalescyprus.com) and I commit myself to respecting and applying the regulations throughout the competition. I accept full responsibility for the competition organization, as well as any malpractice or other irregularities.

I understand that I will receive the competition papers/questions for each competition and each level, 2 days before the competition (except in the case of the online competitions in which case only attendance sheets will be sent) and is my responsibility to print the papers, answer sheets and prepare the copies, when needed. All answer sheets shall be sent scanned and separated per level within 48 hours after the end of the competition (to the email info@thalescyprus.com) and mailed by regular mail on the first working day after the competition to the address below with clear indication of the sender (centre and contact person):

THALES Foundation, 36 Stasinou street, Office 104, Strovolos CY2003, Nicosia, Cyprus

I accept that is my responsibility to find invigilators for each competition. At least one invigilator needs to be present for every 30 candidates.

EXPENSES COMPENSATION

The Test Centre will be paid 1 euro per paid participant for the first 50 participants and 2 euro per paid participant for every participants from the 51st and beyond. The payment will be made one week after receiving the answer sheets in the mail.

Signature of the Coordinator: ________________________________

Date: ______________
ACCOUNT DETAILS

BENEFICIARY’S DETAILS ____________________________________________

ADDRESS _______________________________________________________

ACCOUNT NO. ________________ ________________________________

IBAN ________________ ________________________________

BENEFICIARY’S BANK NAME ________________________________________

BANK ADDRESS _________________________________________________

SWIFT BIC CODE ___________________________