

REQUEST FOR VENUE APPROVAL (TEST CENTER)

Greece only

SCHOOL / INSTITUTION INFORMATION

(Please use CAPITAL Letters)

NAME		
ADDRESS		
TOWN		
EMAIL		
WEBSITE		
FACEBOOK PAGE		
CONTACT NUMBER		
Number of seats for contestants available *please consider COVID-19 protocols		
(name & surname) external* candidates to attend the competition. candidates - Individual candidates coming from other schools. Hereby I approve the use of school/institution premises as a venueline school students on:	J	to accept internal and
ne school students on:		
☐ KANGOUROU Greek Language competition	11/12/2021	Primary school 10.00-11.00 High school 12.00-13.00
☐ HIPPO English Preliminary Round (Reading and Listening) (Equipment to support Listening Part is required)	19/02/2022	10:00-
☐ KANGOUROU English competition	26/02/2022	10:00-11:15
☐ KANGOUROU French competition	26/02/2022	11:30-12:45
☐ HIPPO English Semi-Final Round	19/03/2021	Primary school 10.00-11.15 High school 12.00-13.15
To be approved as test centre a minimum number of 30 participants *KANGOUROU English & French must be taken at the same test ce PRINCIPAL NAME & SURNAME:		pupil.
Principal Signature & stamp:		
TEST CENTRE COORDINATOR DETAILS		
Name, Surname and Position:		
Contact Phone Number: (+)		
Email:		

Stasinou 36, Office 104, 2003 Strovolos, Nicosia, Cyprus <u>www.ThalesCyprus.com</u> <u>info@thalescyprus.com</u> T. +357 22 283 600 | F. +357 22 283 609



LIABILITY

I Hereby I 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.

Signature of the Coordinator:	
Date:	

*Please send the completed, signed and stamped form to kolitsa.a@thalescyprus.com.



ACCOUNT DETAILS

BENEFICIARY'S DETAILS
ADDRESS
ACCOUNT NO
BAN
BENEFICIARY'S BANK NAME
BANK ADDRESS
SWIFT BIC CODE