

Teleproctoring Application Form

Examination Period		Level	
Examination Centre (preference)			
Language School (state the name/code)		Individual Candidate	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name			
Surname			
Father's Name			
ID Number			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Address			
Postal Code		City / Area	
Telephone		Mobile	
Email			

Please, complete all personal details with capital letters and Latin characters according to ELOT and the candidate's I.D./Passport

GDPR Statement (It is obligatory to tick one of the boxes below.)

I undertake a warrant that I, the signatory person,

- am personally the subject of the above personal data and the relevant documentation
 am legally entitled, to submit them to OCN London, bearing all legal liability
 and I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/and forwarding,
 to any other third party, for the cause of registration and participation to OCNLR in ESOL International.

I declare responsibly that I accept the recording of the examination process in which I will participate if this is required by the nature of the certification, with the help of appropriate electronic (PC) and / or audiovisual equipment (video camera).

I declare that I take full responsibility for any technical problems of my own fault (audio/visual equipment and internet speed) that might arise on the day of the exams and OCN Lon will not be held accountable for any of these.

I hereby declare that I myself will be present in the examination and all the work submitted will be my own.

Candidate's Name _____ **Signature** _____

Date _____