**CANDIDATE APPLICATION FOR ONLINE CERTIFICATION OR PRACTICAL EXAMINATION**

**Α) PERSONAL INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| \* FULL NAME: | | | | | | |
| \*Father's Name | | Mother's name | | | Date of birth | |
|  | |  | | |  | |
| Profession: | | | | Company: | | |
| ADDRESS | | | | | | |
| PREFECTURE | MUNICIPALITY | | STREET NAME / NUMBER | | | POSTAL CODE |
|  |  | |  | | |  |
| TELEPHONE NUMBER: | | | e-mail: | | | |
| IDENTIFICATION DATA (Please complete the number e.g. ID Card) | | | | | | |
| ID CARD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVING LICENSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| PASSPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSONAL HEALTH BOOKLET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| IDENTITY DOCUMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Special needs : mobility difficulties learning difficulties limited vision | | | | | | |

**Β) Certification Scheme: Specialty:**

**C) PREREQUISITES FOR CERTIFICATION (see the requirements in the specific regulation of the Certification Scheme)**

Age eighteen (18) years or more

Graduation certificate from secondary education (photocopy)

Certificates for foreign laguages (or solemn declaration)

Computer skills

Graduation certificate from school / university (photocopy)

Reference of professional experience

Physical competences (vision, ease of movement etc)

ATTACHED DOCUMENTS YES NO

**D) SOLEMN DECLARATION**

I hereby declare that:

* the information I have declared is true and if something changes or additional data is required, I will provide it immediately. If I declare false information or I do not disclose information, I may not be allowed to participate in the certification process and I will be removed from the list οf the certified personnel.
* I am aware of the examination regulations and I accept them.
* I meet all the standards (defined in the official website of ACTA, in the General and the Specific Regulations of the Certification Scheme) for my participation in the Examination process.
* I commit not to share to third parties any documents and information that I have acquired during my participation in the Certification process and, in particular, exam subjects.
* EOPPEP can maintain my personal information so that it can be registered in its records of certified personnel.
* I will not share the subjects of the exams nor distort the examination results.
* Any information that may affect my ability as a certified professional will be provided to ACTA SA.
* I will discontinue any reference to the certificate upon withdrawal and I must return the certificate to ACTA SA.
* If I receive the certification, my personal information (name and surname) will be registered in the ACTA Certified Personnel Register and my certification will be disclosed to third parties.
* I have been informed that my personal data is kept on file and I consent that ACTA SA may use the information for processing under applicable legislation.
* I have been informed about the video recording of the examination as mentioned in the specific regulation of the certification scheme. The video recording is done only during the examination and the file will be kept for documentation purposes until the expiration of the certificate. The video recording takes place exclusively for the purpose of evaluating the candidate and keeping a relevant file in the context of the online examination or practical examination. This file is property of ACTA SA. According to the applicable legislation on data protection, we inform you that your data is archived, in order to provide you with the opportunity to exercise your rights as defined in the General Data Protection Regulation 679/2016 and to facilitate administrative and internal organisational management. The legal basis for the current processing of your personal data is the explicit consent. The data will not be disclosed to third parties, except for the relevant entities, potential processors (National Accreditation System) that are necessary for the provision of the service and in cases where there is a legal obligation.

I CONSENT TO THE VIDEO RECORDING I DO NOT CONSENT TO THE VIDEO RECORDING

* I have to pay the exam fees in order to participate in the examination process.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THE APPLICANT**  Date: / / 20 | | **EXAM MANAGER OF THE EXAMINATION CENTER**  Date: / / 20 . | | **ACTA EXAM COORDINATOR**  Date: / / 20 | | |
| RESULT OF EVALUATION OF APPLICATION | | | | | |
| APPROVED | | | | REJECTED | | |
| ACTA SA processes the above data, which are mainly identity and communication data. Furthermore, it respects and protects personal data. The collection and processing of your personal data is in accordance with the General Data Protection Regulation (EU 2016/679) and with the aim of integrating it into the management system of ACTA SA for the issuance of a certificate in accordance with its internal procedures. Our company is located at 1 Egnatia Street, Thessaloniki and manages the website www.acta-edu.gr.  This data will be used for the issuance of a certificate in case of success in the examination and your information will not be transferred to third parties, unless it is required by the applicable legislation.  The data is kept for as long as the certificate is valid and the appropriate organisational and technical protection measures are taken in accordance with the law. I have been informed that the provision of data is necessary for my certification and integration into the register of certified persons of ACTA SA and that if I do not provide it, it will not be possible.  I have the right to access, correct, delete or restrict the processing of my data by the controller. I am aware of the right to disagree with the processing and transfer of data in accordance with the restrictions of the applicable legislation (Article 17 (3) (b), Article 20 (3) and Article 23 of Regulation 2016/679). These rights are exercised either by sending a letter to the above address or by e-mail to the e-mail address: dpo@acta.edu.gr  I have also been informed that for each complaint I have the right to contact the Data Protection Authority (Address: Kifisias 1-3, 115 23, Athens) or in electronic form ([www.dpa.gr](http://www.dpa.gr)). | | | | | | |