







ΤΟ ΠΡΟΓΡΑΜΜΑ ΣΥΓΧΡΗΜΑΤΟΔΟΤΕΙΤΑΙ ΑΠΟ ΤΟ ΕΥΡΩΠΑΪΚΟ ΚΟΙΝΩΝΙΚΟ ΤΑΜΕΙΟ ΤΗΣ Ε.Ε.

Programme for Greek Language teaching Applicable to Migrants and other foreign Language speaking residents of Cyprus

APPLICATION FORM

Name:	Home tel. no:	Mobile tel. no:
Address:		Postal code:
Please tick V according to which level	of Greek you would like to	o study A B C
Training Center (nearest primary scho The days and time of the lessons will	,	e instructors.

Persons over 15 years of age, whose mother language is not Greek are entitled to apply for participation. Interested parties should submit or send by mail the following documents to register:

- 1. Application form, duly completed
- 2. Personal Data Form, duly completed
- 3. Personal Statement Form, duly completed
- 4. Copy of the Yellow Slip for persons from EU member states or Pink Slip for persons from third-party countries

Note:

- (a) For Nicosia, the Application Form should be mailed to the Adult Education Center of Nicosia -Ministry of Education and Culture, Kimonos and Thoukydides Str., 1434, Acropolis, Nicosia . For more information call at 22800800/ 22800803
- (b) For Limassol, the Application Form should be mailed to the **Adult Education Center of Limassol Adult Education Center, 53 Versalion Str., 3012, Limasol.** For more information call at 25877524
- (c) For Larnaka Famagusta, the Application Form should be mailed to the **Adult Education Center** of Larnaka Famagusta 65 Eleftherias Avenue, 7102, Aradippou, Larnaka. For more information call at 24813264
- (d) For Paphos, the Application Form should be mailed to the **Adult Education Center of Paphos Neofitou Nikolaidi, Paphos New Government Training Offices, 8100, Paphos.** For more information call at 26804521

For more information and documents 1, 2, and 3 please visit the following website: www.ekt.org.cy

