



Certificate of Attainment in Greek

Candidate's Questionnaire
May 2014

Examination Centre:	_____
Examination Centre Code No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City: _____	Country: _____

Candidate's Name:	_____
Candidate's Surname:	_____

Sex:	1. male <input type="checkbox"/>	Age:	12-18 <input type="checkbox"/>	19-26 <input type="checkbox"/>	27-35 <input type="checkbox"/>
	2. female <input type="checkbox"/>		36-45 <input type="checkbox"/>	46-60 <input type="checkbox"/>	61- ... <input type="checkbox"/>

Candidate's Code Number:	Testing Level/s:
	A1 (for adolescents and adults) <input type="checkbox"/>
	A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>

Mother tongue: _____	Profession: _____	
Do you have relatives of Greek origin?		
Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Other relatives <input type="checkbox"/>
Both father and mother <input type="checkbox"/>	Husband/Wife <input type="checkbox"/>	

Education		Greek Language Courses	
Primary education <input type="checkbox"/> Country _____		Hours (approximately)	Country and Institution
		0-100 <input type="checkbox"/>	
Secondary education <input type="checkbox"/> Country _____		100-200 <input type="checkbox"/>	
		200-300 <input type="checkbox"/>	
Post-secondary education <input type="checkbox"/> Field _____ Country _____		300-400 <input type="checkbox"/>	
		400-500 <input type="checkbox"/>	
		500 and over <input type="checkbox"/>	
Tertiary education (University studies) <input type="checkbox"/> Faculty _____ Country _____		Knowledge of Greek before attending courses: None <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/>	
Postgraduate studies <input type="checkbox"/> Discipline _____ Country _____			

Textbook(s) you have used for learning Greek

Other certificates in Greek you have obtained	
Certificate	Date

Reasons for learning Greek	
Job <input type="checkbox"/>	Other reasons (explain): _____ _____ _____ _____ _____
Studies <input type="checkbox"/>	
Tourism <input type="checkbox"/>	
Family <input type="checkbox"/>	
Personal interest <input type="checkbox"/>	

	YES	NO
Do you live in Greece permanently?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever visited Greece?	<input type="checkbox"/>	<input type="checkbox"/>

Why did you visit Greece?

- for holidays
- for studies
- to visit relatives
- to get a job

other reasons (explain):

Duration of stay in Greece

Do you have any Greek friends?

- YES** **NO**

Language of communication with them

Other foreign languages and level of proficiency

Language	poor	adequate	very good

You communicate in Greek:	never	rarely	often	always
With your father				
With your mother				
With your sister/brother				
With your husband/wife				
With your relatives				
With your friends				
At school				
In your Greek language class				
At work				
With your neighbours				
At shops/restaurants				
When traveling				

Purpose for obtaining the Certificate

Date: _____	Signature: _____
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