

Application form for approval as a language proficiency assessor

a. To be completed by the applicant

Date of birth/CPR-no.

Last name

First name(s)

Address

Postal code

City

Telephone

Email

Date of signature

Signature (in CAPITAL LETTERS)

b. To be completed by the instructor

Last name

First name(s)

Telephone

Email

Name of associated language assesment body

Result of the language assessor course:

☐ Applicant has been trained in language assessment testing, English language

☐ Applicant has demonstrated English language proficiency level (4, 5 or 6):

☐ Applicant has been trained in language assessment testing, Danish language

☐ Applicant has demonstrated Danish language proficiency level (4, 5 or 6):

Date of signature

Signature (in CAPITAL LETTERS)