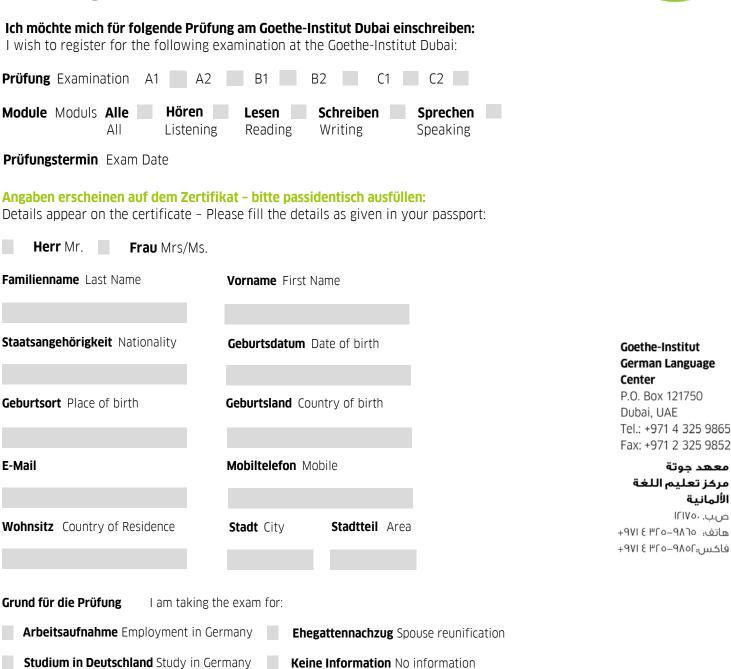
Anmeldung zur Prüfung

Exam Registration

Andere Other reasons



Ich habe die allgemeinen Geschäftsbedingungen des Goethe-Instituts Golfregion zur Kenntnis genommen und sie akzeptiert. I have read and accepted the general terms and conditions of the Goethe-Institut Gulf Region.

GOETHE INSTITUT

www.goethe.de/ gulfregion

Sprache. Kultur. Deutschland.

German Language Center

> مركز تعليم اللغة الألمانية

Datum Date **Unterschrift** Signature

Declaration of Consent

Last Name, First Name:
On executing my signature below, I consent to the transmission and storage by Goethe-Institut Gulf Region — Dubai Office ("GI Dubai") of my personal data ("data") provided under the terms of my registration and in conjunction with the performance of future agreements to its headquarters in Munich, Germany ("GI-HQ") and there to combine in its central customer database said data with any other of my personal data previously provided and stored there, if applicable.
Furthermore, I consent to the use of my data by GI Dubai and GI-HQ not only for performing the contractual agreement, but also for the purposes of market research, advertising and marketing associated with the range of services offered by GI Dubai and, in particular, for providing relevant advertisements or surveys ("information"), e.g., about new courses offered by GI Dubai to the contact address I have provided, either by post or – at my special request – also by telephone, fax, email, or text message.
Data concerning examinations I have taken may also be transmitted to GI-HQ for storage and use in the central examination archives (for a maximum period of 10 years) for verification purposes and for issuing replacement certificates, as required. To the extent the data relates to examinations entitling my foreign spouse to relocate to Germany with me, I hereby authorize GI-HQ to confirm, at the request of the German authorities, the authenticity of a certificate I have submitted to a government agency.
I consent to GI Dubai sending me information about my upcoming examination either by post or by telephone, fax, email, or text message.
GI Dubai will not use my data for any other purpose than those specified in this consent agreement or provide any data to a third party, unless there is a reasonable suspicion of abuse concerning the data.
Place, Date Signature
Right of Revocation
You may exercise your right to revoke your permission to use your data for market research, advertising and marketing purposes by completing the section below, either now or at some future time:

I hereby revoke my permission, effective immediately, for the use of my data for advertising and marketing purposes.

Signature

Place, Date

COVID - 19 exams conditions

- Anyone with even a mild cough or low-grade fever (37. C or more) needs to stay at home.
- Anyone who develops flu-like symptoms (i.e. cough, shortness of breath, fever) should go home immediately and contact the public health service.
- Avoid crowding and minimize opportunities for the virus to spread by maintaining a distance of 2 meters between individuals, wherever possible.
- Candidates shall use face masks during the whole exam time as follows:
- It should fit properly, completely covering the face from bridge of nose to chin.
- Clean hands properly before putting the facemask on or taking it off.
- Only touch the cord or elastic at the back of the facemask when removing it, not the front.
- If the facemask is disposable, be sure to do so safely in a proper container.
- If reusable, wash the facemask as soon as possible after use with detergent.

Declaration of participation in exam		
I	hereby declare , born o	n
	, passport number , that I take the exam	
(COVID-19), such knowingly had I have no other	n as increased temperature, cold sy any close contact with any person clues to suggest that I may be infe	infected with Covid-19 in the past 14 days cted with Covid-19.
ordered by the	staff of Goethe-Institut (wearing a ements). I am aware that I can be e	llow the hygiene and other measures face mask, gloves, hand disinfection, xcluded from the [exam] if I do not follow
If I test positive	e for Covid-19 within the next 14 da	lys, I will inform the GI immediately.
Place	Date	
Name & Signatu	ıre	