

# Application for assessment of foreign qualifications

Please write clearly.

## 1. Personal information

Icelandic ID-nr. (if none: date of birth)		Citizenship		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
First and middle name			Last name		
Previous last name, if changed (name change document or marriage certificate needs to be enclosed)					
Postal address					
Postal code		Town/City		Country (if not Iceland)	
Telephone number		Mobile number		E-mail	

## 2. Organisation, institution, authority or employer submitting the application

Only fill out this section if somebody other than the qualification holder is requesting the assessment.

Name of contact person		Organisation	
Postal address			
Postal code		City/Town	
Telephone number		E-mail	

## 3. Purpose of the assessment

What is the main purpose for the assessment?	<input type="checkbox"/> Job – Which occupation?
	<input type="checkbox"/> Further education
	<input type="checkbox"/> Other – what?
Additional information	
Have you applied for recognition/assessment elsewhere – If yes, where?	
Do you need the assessment in Icelandic or English	<input type="checkbox"/> Icelandic <input type="checkbox"/> English

#### 4. Upper secondary education

General secondary education giving access to higher education/university

Educational institution (in original language)		Educational institution (in English – if available)	
Address		Homepage/e-mail	
Postal code	Town/City	Country	
Certificate/Degree		Length of programme	

#### 5. Vocational education and training

Secondary education and training for a specific vocation in industry or trade.

Educational institution (in original language)		Educational institution (in English – if available)	
Address		Homepage/e-mail	
Postal code	Town/City	Country	
Certificate/Title		Specialisation/Vocational field	
Started Month: _____ Year: _____	Completed Month: _____ Year: _____	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Which kind of jobs can you do with this qualification?			

## 6. Higher education

Studies that require upper secondary education level or above

<b>1.</b>	Educational institution (in original language)		Educational institution (in English – if available)			
	Address			Homepage/e-mail		
	Postal code	Town/City		Country		
	Certificate/Title			Specialisation/Vocational field		
	Started Month: _____ Year: _____		Completed Month: _____ Year: _____		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	Nominal length of programme according to curriculum: ___years and ___months					
	Which kind of jobs can you do with this qualification?					
	Additional information					

<b>2.</b>	Educational institution (in original language)		Educational institution (in English – if available)			
	Address			Homepage/e-mail		
	Postal code	Town/City		Country		
	Certificate/Title			Specialisation/Vocational field		
	Started Month: _____ Year: _____		Completed Month: _____ Year: _____		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	Nominal length of programme according to curriculum: ___years and ___months					
	Which kind of jobs can you do with this qualification?					
	Additional information					

<b>3.</b>	Educational institution (in original language)		Educational institution (in English – if available)		
	Address			Homepage/e-mail	
	Postal code		Town/City		Country
	Certificate/Title			Specialisation/Vocational field	
	Started Month: _____ Year: _____		Completed Month: _____ Year: _____		<input type="checkbox"/> Full time <input type="checkbox"/> Part time
	Nominal length of programme according to curriculum: ___years and ___months				
	Which kind of jobs can you do with this qualification?				
	Additional information				

### 7. Relevant work experience

Time of employment	Job title	Workplace

### 8. Additional information

### 9. Contact to authorities in the country of education

Can ENIC/NARIC Iceland contact the relevant educational institutions in the country of education?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain why	

### 10. Signature of the qualification holder

The holder of the qualifications in question must sign this form, even if someone else is submitting the application.

I certify that the information given in this application is correct and that the supporting documents enclosed are authentic documents relating to me. I hereby consent to ENIC/NARIC Iceland assessing my qualifications.	
Date and place	Signature

### 11. Document requirements

Before submitting the application, please make sure that all the following documents are included:

<input type="checkbox"/> Application form completed
<input type="checkbox"/> Application form signed
<input type="checkbox"/> Certified copies of the following original documents
<input type="checkbox"/> Diploma(s)/certificate(s) in original language
<input type="checkbox"/> Transcript(s), mark sheets or similar list(s) of subjects passed, in original language
<input type="checkbox"/> Translation of diploma(s)/certificate(S) if the documents are not in Icelandic, English or a Scandinavian language
<input type="checkbox"/> Translation of transcript(s)/mark sheets or similar list(s) of subjects passed if the documents are not in Icelandic, English or a Scandinavian language
<input type="checkbox"/> Prior diploma/certificate that gave access to the programme in question
<input type="checkbox"/> Documentation of change of name, e.g. marriage certificate, if any.