|  |  |
| --- | --- |
| A close up of a logo  Description automatically generated | Invigilator Application Form |

**Part 1 Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family name |  | Initials | |  | Gender | M / F |
| Are you currently legally entitled to work in the country where the job is based? | | | Yes  No  Don't know | | | |
| Please provide your preferred contact email address and telephone number regarding this application. | | | E-mail: | | | |
| Address: | | | |
| Telephone no.: | | | |

**Disability**

|  |  |  |
| --- | --- | --- |
| Do you have any disability? |  | Yes |
|  |  | No |
| Regardless of whether you have a disability, do you require any adjustments to be made to facilitate your participation in the selection process? If yes, a member of staff will contact you to ascertain how best to assist you. |  | Yes |
|  |  | No |

**Part 2 Employment and relevant work-related experience**   
(covering no more than 10 years, starting with the most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| Date From/To |  | Role title, Employer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date From/To |  | Role title, Employer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date From/To |  | Role title, Employer |  |

Please give details of any additional **relevant** professional or other experience.

|  |  |
| --- | --- |
| Relevant experience | Dates |
|  |  |

**Education/qualifications**

Please give details of **relevant** educational and professional qualifications in chronological order.

|  |  |
| --- | --- |
| Qualifications | Dates |
|  |  |
|  |  |

### Part 3 Supporting statement

In support of your application, and referring to the role profile, please tell us why you are suitable for this role, focusing on the **skills, knowledge and experience** you bring.

|  |
| --- |
| Supporting statement |

**Part 4 Referees**

**Referee 1**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Designation |  | |
| Please provide your preferred contact email address and telephone number regarding this application. | | Email: |
| Telephone no: |

**Referee 2**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Designation |  | |
| Please provide your preferred contact email address and telephone number regarding this application. | | Email: |

**Declaration**

Please submit your application electronically, typing your name will be taken as being as your signature.

|  |  |  |  |
| --- | --- | --- | --- |
| Your name |  | Date | **DD / MM / YYYY** |

**OFFICE USE ONLY**

Shortlisted : Yes □ No □

Interview Passed : Yes □ No □

On-line Training Passed : Yes □ No □

On the Job Training Passed : Yes □ No □

**Signature HEO&C: ……………………………………………**

**Date: DD / MM / YYYY**

**OFFICE USE ONLY**

Interview Passed : Yes □ No □

On-line Training Passed : Yes □ No □

On the Job Training Passed : Yes □ No □

**Signature DECM / HEO&C: ……………………………………………**

**Date: DD / MM / YYYY**

**OFFICE USE ONLY**

Interview Passed : Yes □ No □

On-line Training Passed : Yes □ No □

On the Job Training Passed : Yes □ No □

**Signature DECM / HEO&C: ……………………………………………**

**Date: DD / MM / YYYY**