|  |  |
| --- | --- |
| 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**