

REGISTER OF EXAMINATION INVIGILATORS REGISTER OF EXAMINATION READERS / EXAMINATION SCRIBES

EXPRESSION OF INTEREST FOR ENNISKILLEN CAMPUS

1. Please indicate the role you are applying for. Applicants may apply for both roles.						
• Exam	Examination Invigilator					
• Exam	nination	n Reader / Examin	nation Sci	ribe		
2. Persona	l Detai	ls				
Name:						
Address:						
Postcode:			Email Address:			
Tel No:				Mobile No:		
3. Qualifica		at GCSE Grade C	or above	or equival	ent	
Qualification and Subject		Grade / Result Achieved	Date A	Date Achieved		





Level 3 Qualification or an A Level Passed or equivalent

Qualification and Subject	Grade / Result Achieved	Date Achieved

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4.	Exp	erie	nce

Please provide details of any work experience which is relevant to the role.

Employer	Job Title	Main Duties and Responsibilities	Dates

5. Additional Information

Please use this space if you wish to detail any additional skills, knowledge and experience relevant to the role for which you have applied.





6. Declaration

I confirm that to the best of my knowledge the information given on this form is correct.

I understand that if I am selected to go on the call-off list of examination invigilators / examination readers / examination scribes, I will apply for an AccessNI Basic Disclosure Certificate which will need to be presented to CAFRE before I can undertake any work.

Signed: _			
Date			

The deadline for receipt of completed forms is 4pm on Friday 28th October 2022.

Return completed forms to:

Mr Shane Gervin
College Services Branch
CAFRE
Loughry Campus
76 Dungannon Road
Cookstown
BT80 9AA.
Shane.gervin@daera-ni.gov.uk

