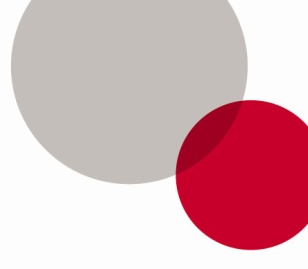
**9**



**FORM**

CONFIDENTIAL



Invigilator Application Form

Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **Title** (circle as appropriate): | **Nationality:** | **Date of birth:** |
|  | Miss Ms Mrs Mr Dr  Other: |  | \_ \_ / \_ \_ / \_ \_  Day / Month / Year |
| **First name(s):** | **Gender** (circle as appropriate): | **First language:** | **Date of application:** |
|  | Male Female |  | \_ \_ / \_ \_ / \_ \_  Day / Month / Year |
| **Contact details:** | **Phone number/s:** | **Address:** | **Email address:** |
|  | Work:  Home:  Mobile: |  |  |

Employment history

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (From / To):** | **Employer:** | **Full time /  Part time:** | **Duties:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Experience as an invigilator for recognised exams (national and international)

|  |  |  |
| --- | --- | --- |
| **Date (From / To):** | **Subject / Scheme:** | **Examining / Validating body:** |
|  |  |  |
|  |  |  |
|  |  |  |

Reference: please attach an original reference from a current or former employer, including contact details.

DECLARATION OF CONFIDENTIALITY

I hereby agree to observe strict security relating to IELTS test materials and related documents.

Date: Signature:

Centre name: British Council Milan Centre number: IT010

Administrator’s signature:

*For office use only:*

Date of Appointment: