



## APPLICATION FORM FOR PERSONS INTERESTED TO ACT AS INVIGILATORS DURING EXAMINATIONS

ID No: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Tel. No: \_\_\_\_\_

Email address: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Availability (*please insert X where applicable in the following table*):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Do you have own own transport?      YES      NO

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***I understand that the Department of Examinations requires my personal details to process my application according to the provisions of the GDPR.***