



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.