

EXAM INVIGILATOR APPLICATION FORM

Personal Information

Surname:		First Name:	
Address:		Photo:	<u>Please affix passport style photo here</u>
Date of Birth:		Mobile No:	
Nationality:		Email address:	
How did you hear about invigilating at NCI?		Do you know any current students currently attending NCI?	

Please include an up to date CV with this form

Invigilation History

Have you invigilated in NCI previously?

Yes

No

If yes, month/year last worked:

Have you invigilated in another Irish institution?

Yes

No

If yes, which institute and month/year last worked:

Have you ever acted as a Reader / Scribe in previous Invigilating?

Yes

No

If yes, month/year last worked:

&

If yes, what institution?

Mid Semester Continuous Assessments

Please indicate if you are available and wish to be added to the CA invigilation list. These occur mid term and range from 1 hour – 2 hours in duration.

Yes

No

Future Exam Sessions

If successful, would you like to be including in the mailing list for future Invigilating sessions?

Yes

No

- Please email the completed Invigilation application form and a copy of your CV to exams@ncirl.ie
- Successful applicants will be asked to attend an invigilator training session with the exams office
- Please note the above information is required as successful applicants details will be stored with HR.

I declare that the information given by me on this application form is **truthful and complete**.
(Scanned signature accepted).

Signature: _____ Date: _____