



## Application for Appointment as Examination Invigilator

Please complete fully (if by hand, write legibly in black ink) and return to the Exams Office at Chepstow School.

<b>Full name:</b>	(Dr/Mr/Mrs/Miss/Ms) <i>delete as appropriate</i>
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Previous/other names ..... NI Number .....

Date of Birth ..... Nationality .....

Address .....

..... Postcode .....

Home Telephone ..... Other Contact Number .....

Email Address .....

Education / Training / Qualifications					
Educational Establishment	Attendance		Qualification	Grade	Date Awarded
	From	To			

Current Employment			
Name and Address of Employer	Position Held	Full or Part time	Start Date

Brief Description of Current Duties:

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.....

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Previous Employment			
Previous Employers (most recent first)	Previous Post Held (Grade)	Dates From - To	Reason for Leaving

Training (if relevant to post applied for)		
Organising Body	Course Details	Dates From - To

Interests, Experience, Skills and Other Information

If you are a registered disabled person, may we please know:

your Registration Number ..... and Date of Registration .....

References (please give details of 2 referees; if employed, 1 should be your current employer)	
Name: Position: Address:  Preferred method of contact: Tel: Fax: Email:	Name: Position: Address:  Preferred method of contact: Tel: Fax: Email:

Signed ..... Date .....

**Please Note:** If accepted, we shall ask you to undertake a DBS check before starting work. If you already hold a valid Monmouthshire DBS, please put the Reference & Date here: