

# ASSESSMENT AND CERTIFICATION SERVICES INVITATION FORM

<b>1. PERSONAL INFORMATION (Please attach a copy of LD Card)</b>													
National Identity Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												Title: Dr/Mr/Mrs/Ms (delete as appropriate)	
Surname: .....		First Names: .....											
Nationality:	Country of Birth:	Date of Birth: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	E-Mail Address:		Telephone Number:										

<b>2. INSTITUTION CURRENTLY EMPLOYED</b>	
Employer/ Place of work: .....	Telephone Number: .....
Date: started employment: .....	

<b>3. SERVICES TO OFFER (Please indicate the type(s) of service you would like to offer by ticking in the box(es) provided and specify the subject, where relevant, at the side of the ticked box(es).</b>					
Chief Examiner	<input type="checkbox"/>	Moderator	<input type="checkbox"/>	Paper Vetter	<input type="checkbox"/>
External Supervisor	<input type="checkbox"/>	Invigilator	<input type="checkbox"/>	Marker	<input type="checkbox"/>
Item Writer	<input type="checkbox"/>	Item Reviewer	<input type="checkbox"/>	Data Enterer	<input type="checkbox"/>

<b>4. EDUCATION AND TRAINING RECORD</b>	
Level/Course: .....	
Certificate Obtained: .....	
Institute: Name: .....	Date Entered: ...../...../.....
Address: .....	Date Left: ...../...../.....
Level/Course: .....	
Certificate Obtained: .....	
Institute: Name: .....	Date Entered: ...../...../.....
Address: .....	Date Left: ...../...../.....

**5. TEACHING EXPERIENCES**

SUBJECT	LEVEL	PERIOD OF TEACHING
1.		
2.		
3.		
4.		
5.		

**6. EXAMINATION/ASSESSMENT TRAINING AND EXPERIENCES (Give a concise account):**

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The facts set forth in this form are true.

Signature:

Date: ...../...../.....