

Centre Invigilator Details Form

Section 1: Centre Details

Centre Name			
Centre Contact Name		Email Address	

Centre Declaration

I declare that I am authorised by the Centre to supply the information given below, and at the date of signing, the information provided is a true and accurate record to the best of my knowledge.

Please select as appropriate:

I am the Head of Centre

I am authorised by the Centre to sign this application on behalf of the Centre.

(Must be an existing named contact for the centre)

Section 2: Invigilator Details

ID displaying full name, signature and photo to be provided for each named invigilator.

Invigilator Name:			
Email address:		Telephone no.	

Invigilator Name:			
Email address:		Telephone no.	

Invigilator Name:			
Email address:		Telephone no.	

Invigilator Name:			
Email address:		Telephone no.	

Disclosures

Please answer the questions below.

	Yes	No
Have any of the above named contacts ever had their approval refused/withdrawn/been banned (temporarily or permanently) from working with any Awarding Organisation, or are any of the contacts currently under investigation by an Awarding Organisation or any other authority?		
Have any of the above named contacts ever worked or currently work (directly employed or otherwise) at a Centre which for any reason has had its approval refused/withdrawn (temporarily or permanently) by any Awarding Organisation or any other authority ?		
Do any of the above named contacts work (directly employed or otherwise) for any Centre which is currently under investigation for any reason by any Awarding Organisation, Ofqual, the SIA, or any other authority?		
Has this contact ever been a LASER/Trident Contact?		

If you have answered YES to any of the above questions, please give **full details** including any dates and where relevant names of Awarding Organisation(s).