

EXAMINER RECRUITMENT FORM

Applicants must complete all sections of Part A and request their heads/principals to complete Part B. Applications submitted with incomplete Part B will not be processed.

PART A (TO BE COMPLETED IN BLOCK CAPITALS)

1.	First Name	 				
2.	Surname				 	
3.	I.D. Number	 				
4.	Gender & DOB	Male	Female	DOB		
5.	Home Address					
6.	Telephone (Home)					
7.	Cell Number	 				
Ω	Teaching Evnerience					

SUBJECT	LEVEL TAUGHT	NUMBER OF YEAR(S)	NAME OF INSTITUTE
e.g. English 4005/1	O-Level	5	Harare High School

9.	Experience in marking public examinations							
	N.B. Public examinations are national or international examinations, not examinations set within the school.							
	SUBJECT	EXAMINATION (LEVEL) i.e. O & A-Level	NO. OF YEARS	EXAMINING BOARD				
10.	Academic qualifications	e.g. A-Level, B.A. G	en./UZ/1988					
11.	Professional qualificationse.g C.E. Dipl. Ed., Grad CE/UZ/1990							
12.	Work Address							
13.	Business Phone							
14.	Region							
15.	District							
16.	Subject/Code(e.g. English Language/4005)							
17.	Paper							
18.	Have you ever applied to train as an examiner before? Yes							
19.	Do you have any physical condition, which requires special attention? (Please tick the appropriate) Yes							
20.	Please indicate by ticking the appropriate box where you prefer to be trained.							
	Harare Mutare Marondera Bulawayo Gweru Masvingo							
	Chinhoyi Bindura Gwanda							
21.	<u>Declaration</u>							
	<u> </u>	LILL NIANATC)	declare that the i	nformation				
	given above is true.	ull names)						
	Date Signed							

PART	В											
CONFIDENTIAL COMMENTS BY HEAD OF INSTITUTION												
For h	or how long have you known the applicant?											
(b)	Is the information given by the applicant correct?											
(c)	Is the applicant capable of accepting leadership?											
(d)	Is the applicant confident in his/her subject?											
(e)	Please indicate how you would rate the applicant on a rating scale 1 to 10 on the following: (with 10 being highest and 1 the lowest rating).									ng: (with		
	POOR	2			AVER	AGE		EXC	ELLEN	Γ		
	1	2	3	4	5	6	7	8	9	10		
	Puncti	uality			Reliability			Initia	tive		Orderliness	
			am reuce		Chief Exar							
	Full N	ame:										_
	Signat	ure:										_
	Design	nation:										_
	Date:										(Official Stamp)