



For Performance Measurement

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

D	D	M	M	Y	Y
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5. Work Station And Address

6. Cell No (Home) _____ Cell No (Work) _____
7. District _____
8. Province _____
9. Level Applied for : Grade 7 ☐ Ordinary Level ☐ Advanced Level ☐
10. Teaching Experience

SUBJECT / CODE/ PAPER	LEVEL TAUGHT	NUMBER OF YEARS	NAME OF INSTITUTE
e.g. English 7010 English 4005/1 Biology 6030/1	Grade 7 O-Level A-Level	5	Alpha Primary School Harare High School Gwebu High School

11. 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. Grade 7, O & A- Level	NO. OF YEARS	EXAMINING BOARD

12. Academic qualifications _____
e.g. A-Level, B.A. Gen./UZ/1988

13. Professional qualifications _____
e.g. C.E. Dipl. Ed., Grad CE/UZ/1990

14. Home Address _____

15. Cell Phone _____

16. Subject/Code _____
(e.g. English 7010 , English Language 4005/1, Biology 6030/1)

17. Have you ever applied to train as an examiner before?

YES ☐ NO ☐

18. Do you have any physical condition, which requires special attention (Please tick the appropriate)

YES ☐ NO ☐

19. Declaration

I _____ declare that the information
(FULL NAMES)
given above is true.

Date _____

Signed _____

PART B

CONFIDENTIAL COMMENTS BY HEAD OF INSTITUTION/SCHOOL

- (a) For how long have you known the applicant? _____
- (b) Is the information given by the applicant correct? _____
- (c) Is the applicant capable of leading? _____
- (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).

POOR

AVERAGE

EXCELLENT

1 2 3 4 5 6 7 8 9 10

Punctuality	Reliability	Initiative	Orderliness

Please give your brief evaluation on what you think of the applicant as a potential assistant examiner.

Full Name: _____

Signature: _____

Designation: _____

Date: _____ (Official Stamp)