



REQUEST FOR PRIVATE INVIGILATION

SECTION A: STUDENT DETAILS

Student number:

Title. (Tick the appropriate block)

Mr. Mrs. Ms Other

Surname: _____

First Names: _____

Telephone: Work (Code) _____

Home (Code) _____

Fax (Code) _____

Cell (08) _____

E-mail _____

Residential Address: _____

Postal code: _____

Work address: _____

Postal code: _____

Nearest listed Examination Centre: _____

Reason for requesting Private Invigilation: _____

Signature: _____

Date: _____

NOTE: The reverse side of this page should be completed in full by the proposed private invigilator. Request for private invigilation will only be considered if the form is completed correctly, and the necessary documents are attached to it.

SECTION 2: INVIGILATOR'S PARTICULARS

Please read the following very carefully:

- Invigilators are required to collect all fees and costs from the examination candidate concerned (venue & invigilation). The student is also liable for the cost of returning exam scripts via courier.
- A certified copy of the first page of the invigilator's ID document must accompany this request.
- Requests for invigilation by a person who is in any way related to a student (by blood or marriage) or who works for the same employer as the student will be rejected.
- This form must be submitted with the candidate's examination entry form.
- This form must be completed, and submitted with each examination registration, even if the invigilator's services have been used in previous examination sessions.

A. PERSONAL DETAILS:

Title: (tick the appropriate block)

Prof Dr Mr. Mrs. Ms Other

Surname: _____

Initials: _____

ID/Passport No.:

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Employer: _____

Occupation: _____

Telephone: Work (Code) _____

Home (Code) _____

Fax (Code) _____

Cell (08) _____

E-mail _____

Postal Address: _____

Postal code: _____

Residential Address: _____

Postal code: _____

Full venue and street address where examinations will be conducted: _____

To which address should examination papers be sent? (Tick the appropriate box)

Postal Address Residential Address Examination Venue

Unisa or Technikon SA Invigilator? NO / YES If "YES" please give reference no. _____

B. DECLARATION BY PROPOSED PRIVATE INVIGILATOR

I hereby declare the above information true and accurate, and I authorise the Institute to make enquiries needed to verify such information. I further declare that I am not related to the examination candidate in any way whatsoever, either by blood or marriage, and that we do not work for the same employer.

Date: _____ Signature: _____