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.: __________________________________________________________________________

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: __________________________________