

THE WEST AFRICAN EXAMINATIONS COUNCIL, ACCRA

APPLICATION FORM FOR SUPERVISORS AND INVIGILATORS

This Form is to be completed and returned to:

{THE NEAREST WAEC OFFICE IN YOUR REGION}

**Tick preferred position: Supervisor Invigilator

Paste recent
Passport size
Photograph
here

PARTICULARS OF APPLICANT

1. Full Name (***IN CAPITALS***) (Surname, Other names)

Mr. /Mrs. /Ms.:

2. Date of Birth (day/month/year)

3. Address:

(a) Residential

(b) Postal

(c) Mobile Phone Number:

(d) E-mail Address:.....

4. Schools Attended (Name of Institution)

FROM

TO

(i)

(ii)

(iii)

NB: Attach photocopies of certificates

5. Past working experience with WAEC

STATUS	CENTRE	PERIOD
Supervisor		
Asst. Supervisor		
Invigilator		
Script checker		
Others:.....		

6. Work experience ***OUTSIDE*** WAEC

POSITION/RANK	ORGANISATION	PERIOD

Signature of Applicant Date

**Tick preferred Exam type: WASSCE (SC) WASSCE (PC) BECE G/ABCE

Turn Over

7. Referee: (A person who can testify to your honesty, integrity and ability)

Name.....

Address.....

Mobile Number

8. **DECLARATION** by Referee

I, Mr./Mrs./Miss

(Name in full) certify that I have known the applicant

.....
personally for year (s) and do vouch for his/her honesty, integrity and ability to Invigilate
WAEC examination. I have counter signed across the bottom half of the applicant's
photograph at the top as certification on the identity of the applicant.

SIGNATURE OF REFEREE

DATE:

ADDRESS AND STAMP

