

Chepstow Comprehensive School

Application for the appointment of Exam Invigilator

Please complete in black ink and return as soon as possible

to: Jane Jones, Chepstow Comprehensive School, Welsh Street, Chepstow, NP16 5LR.

Full Name _____ (Dr/Mr/Mrs/Miss/Ms)

Previous or other names _____

Address _____

Home telephone number _____ Other contact number _____

Email address _____ NI number: _____

Date of birth: _____

Education/Training/Qualifications					
Educational Establishments	From	To	Qualifications	Grades	Dates

Current Employment

Name and address of employer	Post held	Full or part time	Start date	Current Salary

Brief description of current duties

Previous Employment Record

Previous Employers (most recent first)	Previous post held and grade/salary	From	To	Reason for Leaving

Training relevant to post applied for:

Organising Body	Course Details	Dates	
		From	To

Interests, Experience, Skills and Other Information

Are you a registered disabled person? **YES/NO**

If so, registration number _____ Date of registration _____

Please give details of 2 referees. One should be your current employer.

Name:
Position:
Address:

Name:
Position:
Address:

Tel:
Fax:
***Email:**
(*preference)

Tel:
Fax:
***Email:**

Signed _____ **Date** _____

Please state earliest start date available _____

If you are posting this application back to school, please ensure that you add the correct postage — as we cannot undertake to pay the Post Office for any letters which carry insufficient postage.

*If you would prefer you can submit your application documents via email:
jjones@chepstow.monmouthshire.sch.uk*