

**THE WEST AFRICAN EXAMINATIONS COUNCIL, ACCRA**

**APPLICATION FORM FOR SUPERVISORS AND INVIGILATORS**

**This Form is to be completed and returned to:**

**{THE WAEC OFFICE IN YOUR REGION}**

Paste recent  
Passport size  
Photograph  
here

\*\*Tick preferred position: Supervisor  Invigilator

**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 .....

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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*

