

# COMMISSION FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (CTVET)

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## APPLICATION FOR APPOINTMENT AS EXAMINER

### SECTION A - PARTICULARS OF APPLICANT

1. Full Name [In block Capitals - Surname First]: Mr./Mrs./Ms./Miss./Rev./Dr./Prof. [Tick one]  
.....
2. Nationality: ..... Date of Birth: .....
3. a. Office Address: .....  
.....
- b. Residential Address: .....
- c. E-mail Address: .....
4. Telephone Number: Office: ..... Cell: .....
5. Present School/Institution/Work Place: .....
6. Present Rank/Position: .....
7. Name of Examination, Subject and Component you wish to be considered.  
Separate Form must be used for different examinations e.g. Core or Elective]
  - a. Please tick appropriately
    - Elective programme
    - Core subject
    - Technical Drawing [Building option]
    - Technical Drawing [Mechanical option]
    - Practical Component
    - Access Course for Technical Institution graduates
  - b. State your subject area .....
8. Academic Qualification [Certified photocopies of certificates to be attached]

UNIVERSITY/COLLEGE ATTENDED	DEGREE/DIPLOMA OBTAINED	CLASS OF DEGREE/ DIPLOMA	MAJOR SUBJECTS OFFERED	DATE OF AWARD

- *Attach certified copies of transcript if certificate does not specify subject(s) studied.*

9. Teaching Experience

NAME OF UNIVERSITY/COLLEGE/SCHOOL	DATE OF SERVICE		SUBJECT AND LEVEL TAUGHT	
	FROM	TO	SUBJECT	LEVEL

10. Work Experience [other than teaching]

OCCUPATION	NAME OF EMPLOYER	DATE		POSITION HELD
		FROM	TO	

11. Examining Experience: [include current one(s) if you are already an examiner]

EXAMINATION BODY	SUBJECT	LEVEL (Access, O' Level, WASSCE, Tertiary, etc.)	STATUS (Assist. Examiner, Team Leader, Chief Examiner, etc.)	DATE	
				FROM	TO

12. If you have been an examiner before but are no longer one, explain why you stopped.

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13. Have you ever participated in any training course for examiners? [Tick one] YES NO  
If YES, supply details of the course in the table below

 YES NO

ORGANIZERS OF THE COURSE/ PROGRAMME	NAME OF COURSE/ PROGRAMME	PLACE OF COURSE/ PROGRAMME ORGANIZED	DATES COURSE/ PROGRAMME HELD	REASONS(S) FOR PARTICIPATION

14. Any other relevant information: .....  
.....  
.....  
.....  
.....

**NOTE: All applicants are to pay GH¢30.00 on submission of the completed Application Form.**

.....  
**SIGNATURE**

.....  
**DATE**

**SECTION B - OFFICIAL RECOMMENDATION**

*To be completed by the applicant's Head of Department or Head of School/Institution. Where the applicant is the Head of Department or Head of School, this should be completed by the Chairman of the School's Board of Governors or the Dean of the Faculty or the Vice-Chancellor of the University or the Chief Director of the appropriate Ministry or the Head of the applicant's institution if the applicant is a non-teaching employee.*

1. Full Name of Head:.....
2. How do you rate the applicant with respect to the following qualities? Tick the appropriate column. If not applicable, indicate *N/A*

QUALITY	1	2	3	4	5	6
	Satisfactory	Fair	Good	V. Good	Excellent	N/A
Knowledge of subject he/she intends to examine						
Reliability in carrying out assignments						
Accuracy and thoroughness						
Ability to complete work on schedule						
Integrity/Handling of confidential matters						

*Please note that the Commission's policy forbids examiners from disclosing their identity as examiners or divulging any confidential information acquired in the course of their work. Bearing this in mind, how do you assess the applicant's integrity?*

.....

I, ..... [NAME IN BLOCK CAPITALS] ..... [STATUS]

of ..... certify that the applicant is known to me and that, to the best of my knowledge, the information which he/she has given in Section 'A' is correct. I have compared the copies of these certificates/transcripts to the original ones and I am convinced that they are genuine. I further confirm that the photograph endorsed by me and attached to this application form is authentic.

I therefore recommend ( ) do not recommend ( ) his/her application. (*Please tick as appropriate*)

Office Address: .....

Tel. No.: .....

Signature and stamp: ..... Date: .....

**SECTION C: FOR OFFICE USE ONLY**

SUBMISSION OF APPLICATION FORM	PHOTOCOPIES OF CERTIFICATE/TRANSCRIPT ATTACHED	APPLICATION ACCEPTED	APPLICATION REJECTED
<p>Received by:                      .....                      .....                      .....</p> <p>Checked by:                      .....                      .....                      .....</p> <p>Date:                      .....</p>	<p>Type of Certificate/Transcript</p> <p>1. ....                      2. ....                      3. ....</p> <p>Checked by:                      .....                      .....                      .....</p> <p>Date:                      .....</p>	<p>First Invitation (Date):                      .....                      .....</p> <p>Subject:                      .....                      .....                      .....</p> <p>OFFICER:                      .....                      .....                      .....</p> <p>Signature:                      .....</p> <p>Date:                      .....</p>	<p>State Reason(s):                      .....                      .....                      .....                      .....                      .....</p> <p>OFFICER:                      .....                      .....                      .....</p> <p>Signature:                      .....</p> <p>Date:                      .....</p>