THE WEST AFRICAN EXAMINATIONS COUNCIL
FREETOWN, SIERRA LEONE

PASSPORT PHOTO

APPLICATION FORM FOR THE POSITION OF ASSISTANT EXAMINER IN THE WEST AFRICAN SENIOR SCHOOL CERTIFICATE EXAMINATION (WASSCE)

The applicant should complete Section A of this form. He/she ***must*** attach, by staple, photocopies of his/her original certificate(s) and hand over the form to his/her Principal/ Proprietor/ Board Chairman of his/her School/Institution who should then complete Section B.

The completed form should be forwarded to the nearest Branch Office in **Bo, Kenema or Makeni** or

Head of National Office, WAEC,
Tower Hill, Freetown,
Attention:- Head, TDD.

Applicants are expected to hold ***at least*** a Bachelor's Degree (in the relevant discipline) from a recognized Higher Institution of Learning with ***at least three years*** teaching experience of the subject he/she intends to mark.

SECTION A

PARTICULARS OF APPLICANT

1. **FULL NAME (IN BLOCK /CAPITAL LETTERS – SURNAME FIRST)**

Mr/Mrs/Miss/Dr/Prof/Rev:……

2. Nationality:……

3. (a) Name and Address of School/Institution:……
   ……..
   (b) Present Post/Rank..……
   (c) Home Address……..
   ……..
   (d) Email Address……..
   (e) Applicant's Phone Number……...

4. Subject(s) you wish to examine ……..

5. Academic qualifications (photocopies of original certificate(s) must be attached).

University or College attended	Diploma/Certificate Obtained and year	Subject studied

6. Teaching Experience

Name of School/Institution	Date of Service		Subject & Level Taught	
	From	To	Subject	Level

7. Other Relevant Experiences:

Occupation	Name of Employer	Date of Service		Position held
		From	To	

8. (a) Have you ever offered your service to any Examining Board? ***Yes / No***

   (b) If yes, give details…….

   ……

   ……

9. (a) Have you attended any training course for examiners? - ***Yes / No***
   (b) If yes, give all necessary details……..

   …….

   …….

10. (a) Have you been queried for any school/college/university examination? – ***Yes / No***
    (b) Have you been involved in any other irregularity? - ***Yes / No***
    (c) Have you ever been convicted of any criminal offence? - ***Yes / No***
    If Yes to any of the questions in 10(a), (b) & (c), give details……

    ……

    ……

11. Any other relevant information……..

    ……

    ……

12. Signature of applicant……..….. Date…….....

SECTION B - CONFIDENTIAL

TO BE COMPLETED BY THE APPLICANT'S HEAD OF INSTITUTION/ SCHOOL/PROPRIETOR/BOARD CHAIRMAN

Full name of applicant……..

At WAEC, marking is done according to detailed specifications; it is tedious and time-consuming. With respect to qualities listed below which are expected of our examiners, rate him/her **very good, good, satisfactory or poor.**

(i) Thorough knowledge of the subject he/she wishes to examine…….

(ii) Ability to carry out detailed instructions……...

(iii) Accuracy …….....

(iv) Reliability to complete work according to schedule……

As Head of School/Department/Institution, for how long have you been overseeing the applicant's work?

……

Any other relevant information about the applicant's integrity, general conduct and character…….

……

……

Name of Head of Institution/School/proprietor/Board Chairman……

……

Official address of School/Institution……

Rank……

Phone Number……

Email Address……

I do hereby certify that the Applicant is known to me and to the best of my knowledge the information which he/she has given in Section A is correct.

I recommend/do not recommend the applicant – Mr/Mrs/Miss/Dr/Prof/Rev. ……

……..

SIGNATURE AND OFFICE STAMP

THE WEST AFRICAN EXAMINATIONS COUNCIL
FREETOWN, SIERRA LEONE

PASSPORT PHOTO

APPLICATION FORM FOR THE POSITION OF ASSISTANT EXAMINER IN THE BASIC EDUCATION CERTIFICATE EXAMINATION (BECE)

The applicant should complete Section A of this form. He/she ***must*** attach, by staple, photocopies of his/her original certificate(s) and hand over the form to his/her Principal/ Proprietor/ Board Chairman of his/her School/Institution who should then complete Section B.

The completed form should be forwarded to the nearest Branch Office in either **Bo, Kenema or Makeni** or

Head of National Office, WAEC,
Tower Hill, Freetown,
Attention:- Head, TDD.

Applicants are normally expected to hold ***at least*** a Higher Teacher's Certificate (Secondary) or Higher National Diploma (in the relevant discipline) from a recognized Higher Institution with ***at least three years*** teaching experience of the subject he/she intends to mark.

SECTION A

PARTICULARS OF APPLICANT

1. **FULL NAME (IN BLOCK /CAPITAL LETTERS – SURNAME FIRST)**

   Mr/Mrs/Miss/Dr/Prof/Rev:…….

2. Nationality:……

3. (a) Name and Address of School/Institution ……

   ……..

   (b) Present Post/Rank ……..

   (c) Home Address:……..

   ……....

   (d) Email Address:……..

   (e) Applicant's Phone number…….

4. Subject(s) you wish to examine ……..:……

5. Academic qualifications (photocopies of original certificate(s) must be attached).

University or College attended	Diploma/Certificate Obtained and year	Subject studied

6. Teaching Experience

Name of School/Institution	Date of Service		Subject & Level Taught	
	From	To	Subject	Level

7. Other Relevant Experiences:

Occupation	Name of Employer	Date of Service		Position held
		From	To	

8.(a) Have you ever offered your service to any Examining Board? ***Yes / No***

(b) If *Yes,* give details:…….

……

……

9.(a) Have you attended any training course for examiners? - ***Yes / No***

(b) If *yes*, give all necessary details:……

…….

……

10. (a) Have you been queried for any school/college/university examination? – ***Yes / No***

(b) Have you been involved in any other irregularity? - ***Yes / No***

(c) Have you ever been convicted of any criminal offence? - ***Yes / No***

If Yes to any of the questions in 10(a), (b) & (c), give details:……..

……..

……..

11. Any other relevant information:…….....

……..

……..

12. Signature of applicant:……..….. Date:…….....

SECTION B (CONFIDENTIAL)

TO BE COMPLETED BY THE APPLICANT'S HEAD OF INSTITUTION/ SCHOOL/PROPRIETOR/BOARD CHAIRMAN

Full name of applicant:…….

At WAEC, marking is done according to detailed specifications; it is tedious and time-consuming. With respect to qualities listed below which are expected of our examiners, rate him/her **very good, good, satisfactory or poor.**

(i) Thorough knowledge of the subject he/she wishes to examine…….

(ii) Ability to carry out detailed instructions……...

(iii) Accuracy ……..

(iv) Reliability to complete work according to schedule……

As Head of School/Department/Institution, for how long have you been overseeing the applicant's work?

……..

Any other relevant information about the applicant's integrity, general conduct and character:……..

……..

……..

Name of Head of Institution/School/Proprietor/Board Chairman……

……

Official address of School/Institution……

Rank……

Phone Number:……

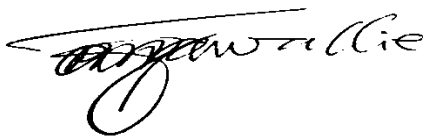
Email Address:……

I do hereby certify that the Applicant is known to me and to the best of my knowledge the information which he/she has given in Section A is correct.

I recommend/do not recommend the applicant – Mr/Mrs/Miss/Dr/Prof/Rev. ……

……..

SIGNATURE AND OFFICE STAMP



THE WEST AFRICAN EXAMINATIONS COUNCIL
FREETOWN, SIERRA LEONE

PASSPORT PHOTO

APPLICATION FORM FOR THE POSITION OF ASSISTANT EXAMINER IN THE NATIONAL PRIMARY SCHOOL EXAMINATION (NPSE)

The applicant should complete Section A of this form. He/she ***must*** attach, by staple, photocopies of his/her original certificate(s) and hand over the form to his/her Head Teacher/ Proprietor/ SMC Chairman of his/her School/Institution who should then complete Section B.

The completed form should be forwarded to the nearest Branch Office in either **Bo, Kenema or Makeni** or

Head of National Office, WAEC,
Tower Hill, Freetown,
Attention:- Head, TDD.

Applicants are expected to hold ***at least*** a Higher Teacher's Certificate Primary (HTC - P) or a National Diploma (ND) in a relevant discipline from a recognized Higher Institution of learning with ***at least three years*** teaching experience of the subject he/she intends to mark.

SECTION A

PARTICULARS OF APPLICANT

1. **FULL NAME (IN BLOCK /CAPITAL LETTERS – SURNAME FIRST)**

   Mr/Mrs/Miss/Rev.:……

2. Nationality:……

3. (a) Name and Address of School/Institution:…….

   ……

   (b) Present Post/Rank ……

   (c) Home Address:…….

   ……

   (d) Email Address:…….

   (e) Applicant's Phone number……

4. Subject(s) you wish to examine ……..:……

5. Academic qualifications (photocopies of original certificate must be attached).

University or College attended	Diploma/Certificate Obtained and year	Subject studied

6. Teaching Experience

Name of School/Institution	Date of Service		Subject & Level Taught	
	From	To	Subject	Level

7. Other Relevant Experiences:

Occupation	Name of Employer	Date of Service		Position held
		From	To	

8.(a) Have you ever offered your service to any Examining Board? ***Yes / No***

(b) If *Yes,* give details:…….

……

……

9.(a) Have you attended any training course for examiners? - ***Yes / No***

(b) If *yes*, give all necessary details:……

…….

……

10. (a) Have you been queried for any school/college/university examination? – ***Yes / No***

(b) Have you been involved in any other irregularity? - ***Yes / No***

(c) Have you ever been convicted of any criminal offence? - ***Yes / No***

If Yes to any of the questions in 10(a), (b) & (c), give details:……

……..

……..

11. Any other relevant information:…….....

……..

12. Signature of applicant:……..….. Date:…….....

SECTION B (CONFIDENTIAL)

TO BE COMPLETED BY THE APPLICANT'S HEAD OF INSTITUTION/ SCHOOL/PROPRIETOR/ SMC CHAIRMAN

Full name of applicant:……..

At WAEC, marking is done according to detailed specifications; it is tedious and time-consuming. With respect to qualities listed below which are expected of our examiners, rate him/her **very good, good, satisfactory or poor.**

(i) Thorough knowledge of the subject he/she wishes to examine……

(ii) Ability to carry out detailed instructions……..

(iii) Accuracy …….

(iv) Reliability to complete work according to schedule……

As Head of School/Department/Institution, for how long have you been overseeing the applicant's work?

……

Any other relevant information about the applicant's integrity, general conduct and character:…….

……

……

Name of Head of School/Institution/Proprietor/SMC Chairman…….

……

Official address of School/Institution……

……

Rank……

Phone Number:……

Email Address:……

I do hereby certify that the Applicant is known to me and to the best of my knowledge the information which he/she has given in Section A is correct.

I recommend/do not recommend the applicant – Mr/Mrs/Miss/Rev…….

……..

SIGNATURE AND OFFICE STAMP