

Examiner Application Form

Form C Examiner Application Form

1 Personal details

Surname	Title (circle as appropriate)	Nationality	Date of Birth
	Miss Ms Mrs Mr Dr Other		Day /Mth /Year
First name(s)	Gender (circle as appropriate)	First Language	Date of Application
	Male Female		Day /Mth /Year
Contact Details	Phone Number	Address	
	Business		
	Home		
	Mobile		

Items 2–5; if insufficient space, please attach continuation sheet.

2 Qualifications

Degree(s)/Certificate(s) obtained (please tick)	Institution (Name/Location)	Date (From/To)
<input type="checkbox"/> Undergraduate (describe)_____		
<input type="checkbox"/> Cambridge ESOL CELTA		
<input type="checkbox"/> Trinity Certificate		
<input type="checkbox"/> Cambridge ESOL DELTA		
<input type="checkbox"/> MA / MSc TEFL/TESOL		
<input type="checkbox"/> MA Applied Linguistics		
<input type="checkbox"/> Graduate Diploma in Applied Linguistics TEFL/TESOL		
<input type="checkbox"/> Dip Ed (TEFL)		
<input type="checkbox"/> PGCE (TEFL)		
<input type="checkbox"/> Other (please specify)		

3 Employment history

Date (From/To)	Employer	Full Time / Part Time	Duties

4 Previous IELTS examiner training

Have you ever (circle as appropriate)	Date	Location
Previously applied for IELTS examiner training? Yes / No	Day /Mth /Year	
Participated in IELTS examiner training? Yes / No	Day /Mth /Year	

5 Experience as an accredited examiner/assessor for recognised exams (national and international)

Date (From/To)	Subject/Scheme	Examining/Validating body

Please add here any further information relevant to this application with dates.
(e.g. publications, courses attended)

6 Level of English Proficiency

IELTS Examiners must be native speakers of English or non-native English Speakers with a Band 9 proficiency in IELTS Writing and/or Speaking modules.

DECLARATION OF CONFIDENTIALITY

I hereby agree to observe strict security relating to IELTS test materials and related documents. I agree to use the Assessment Guides' criteria for legitimate IELTS examining purposes only. I also undertake not to reproduce test materials.

Date

Signature

Centre Name

Centre Number

Return to:

Ms Anita South, Examinations Services, The British Council, 10 Spring Gardens, London SW1A 2BN,
Tel: 0171 389 4272, Fax 0171 41404
or IDP Education Australia, GPO box 2006, Canberra ACT 2601, Australia

For office use only:

Date of Appointment

Examiner Number

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