

**THE WEST AFRICAN EXAMINATIONS COUNCIL**  
**ACCRA**

## **APPLICATION FOR APPOINTMENT AS ASSISTANT EXAMINER**

### Instructions:

**Section A** of this form must be completed by the applicant and **Section B** by the applicant's head of institution. The completed form, together with the relevant attachments in a sealed envelope, must be despatched EITHER directly to the **Senior Deputy Registrar, Test Development Division, Accra QR**, deposited with any of the **Branch Controllers** in the Council's Offices in the regions.

*Affix a recent  
passport size  
photograph  
endorsed and  
stamped at the  
bottom half by your  
Superior officer  
(see Section B)*<sup>\*</sup>

**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: Office: ..... Mobile: .....

5. Present School / Institution: .....  
Present Rank: .....

6. Name of Examination and Subject you wish to examine (*Tick one. Separate forms must be used for different examinations.*).  
 **BASIC EDUCATION CERTIFICATE EXAMINATION (BECE)**  
 **GENERAL BUSINESS CERTIFICATE EXAMINATION (GBCE)**  
 **ADVANCED BUSINESS CERTIFICATE EXAMINATION (ABCE)**  
 **WEST AFRICAN SENIOR SCHOOL CERTIFICATE EXAMINATION (WASSCE)**

**Subject(s) in order of preference:** 1. .....  
2. .....  
3. .....

7. Academic Qualifications: (Certified **photocopies** of certificates and transcripts\* must be attached.)

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

\* The endorsement of the photograph and authentication of the certificates/transcripts must be done by the superior officer of the applicant who completes **Section B** of this form.

*\*Where the qualification specified on a certificate does not indicate subject(s) studied, applicant must attach certified copies of relevant transcripts to his/her application form.*

8. Are you computer literate? Yes / No **(Tick one)**

If yes, list the computer programs you can work with. **(Attach any relevant certificate(s).)**

.....  
.....  
.....

**9. Teaching Experience:**

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

**10. Non-Teaching / Other Employment Experience:**

OCCUPATION	NAME OF EMPLOYER	DATES		POSITION HELD
		FROM	TO	

**11. Examining Experience : ( Include current one(s) if you are already an examiner.)**

EXAMINING BODY	SUBJECT	LEVEL (e.g. GCE O & A, BECE, SSSCE, WASSCE, TTCE, TERTIARY, ETC.)	STATUS (e.g. State whether you were/are Asst. Examiner, Team Leader or Chief Examiner)	DATES	
				FROM	TO

12. If you have been an examiner before but are no longer one, explain why you stopped being one. Include details of the examination and subject(s) you served as examiner.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

13. Have you ever applied to WAEC to be an examiner but you were not recruited? Yes/No

If yes, provide details below:

Year of Application: .....

Name of Examination: .....

Subject(s) Chosen .....

14. Have you ever participated in any training course for examiners? Yes / No

If yes, supply details of the course in the table below.

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

15. Any other relevant information:

.....  
.....  
.....  
.....  
.....

16. 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 in a non-teaching employment.*

1. Full Name of Applicant: .....
2. With respect to each of the qualities listed below, which are expected in our examiners, state whether applicant is **very good, good, satisfactory or poor**:
  - (i) A thorough knowledge of the subject he/she wishes to examine: .....
  - (ii) Ability to pay close attention to details: .....
  - (iii) Accuracy and thoroughness: .....
  - (iv) Ability to carry out detailed instructions: .....
  - (v) Reliability to complete work on schedule: .....

Please note that the Council'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 this 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 the true likeness of the applicant.

I **recommend/do not recommend**\* his/her application. (\* Please delete as appropriate)

Signature and Stamp: ..... Date: .....

Office Address: .....

.....  
..... Tel. No.: .....

<b>FOR OFFICE USE ONLY</b>			
(i)	(ii)	(iii)	(iv)
Receipt of Application:	Photocopies of Certificates/ Transcripts attached:	<b>ACCEPTED</b>	<b>REJECTED</b>
Date: .....	1..... 2..... 3.....	First Invitation: ..... ..... .....	Reason(s): ..... ..... .....
OFFICER: .....	Checked by: .....	Subject: .....	.....
Signature: .....	Date: .....	OFFICER: ..... .....	OFFICER: .....
		Signature: .....	Signature: .....
		Date: .....	Date: .....