2012/13 EA NSC/ABET/SC APPLICAT	ON FORM		ANNEXURE A: ASSESSMENT	NSTRUCTION 19 OF 2012		
	APPLI	CATION FC				
	EXAMINA	TION ASSI	STANT			
P	rovince of the		••••	Place ID Photo		
		(3) NUMBER 1932 STREET, STR	DE	Here		
	ASIER	<u>IN CA</u>				
E	DUCATION					
	CLOSING I	DATE: 20 APF	RIL 2012			
	ACCEPTED AT THE		STRICT OFFICE AFTER THE	CLOSING DATE1		
			TE THIS FORM			
1. Supplying fraudulent information on this for 2. Attach the following to this form:	orm, will lead to the imm	ediate disqualification	of the applicant.			
Certified copies of Academic Qualificat	ions					
<ul> <li>Certified copy of your ID Document</li> <li>An ID Photo of yourself. [NB: Write you</li> </ul>	r name on back of photo	o and attach to top righ	t corner of form]			
Documents from Tertiary Institution co     Any other supporting documents	nfirming 2 <sup>nd</sup> year status.		-			
<ol> <li>No Faxed applications will be accepted.</li> <li>Select ONE employment site per application</li> </ol>	n form Doviation from t	this requirement shall	disgualify your application form			
ID Number				9 Y Y M M D D		
Surname		First Names				
Title	als	Postal				
Telephone No.(W)		Address				
Telephone No. (H)				Code		
Cell phone No.		Physical				
Marital Status Single	Married	Address		Code		
<b>3</b>		(To be verified)	olecting ONE option holes			
These are the 14 NSC NSC/ABET L4	-	byment site by s	electing ONE option below			
Marking Centres and 1 Grens	Queenstown Gi	rls	Should you prefer to work a in KWT, select one of the f			
ABET Level 4 Marking Byletts Centre. Please select St Johns	☐Strelitzia ☐Adelaide Gymna	asium		ollowing.		
only ONE centre.Trinset(Selecting more than oneAliwal North	Union and Volks	skool	Exams Depot	Provincial Capturing Centre		
option will disqualify your	Alice					
application) Gill College	Daniel Pienaar					
Highest Level Achieved	Grade 12	🔄 Full-Time	e Tertiary Student	Tertiary Qualified		
Year Passed this Level						
Institution Name						
Institution Address						
Institution Tel. No.		Г				
For Tertiary Level Applicants Only						
Course you are studying/studied						
	1st Year	2nd Year	☐ 3rd Year ☐ Other (S	Specify)		
Current Academic Year of Study				,		
TO BE SIGNED BY THE DIRECTOR/REGISTRAR/RECTOR/DISTRICT MANAGER						
To my knowledge the above-mentioned information is correct. I certify that the above person is/was a student at the above-mentioned institution						
				AND DA		
Print Name		Signatur	e	Date		
EASTERN CAPE						
				704- 2014 N		

## WORKING EXPERIENCE AS AN EXAMINATION ASSISTANT

Year	Marking Centre	Duties	Skills

## **REQUIREMENTS TO QUALIFY AS AN EXAMINATION ASSISTANT**

1.	Applicant must be a South African Citizen in possession of a green-bar coded identity document with a valid 13-
	digit identity number.
2.	Applicants will have to complete an Application Form and attach all certified documents required in order to be
	considered for selection.

- 3. Previous experience will be considered but it is not a requirement.
- 4. Late applications will disqualified.
- 5. Faxed and e-mailed applications will be disqualified.
- 6. Applications through a third party will not be considered.
- 7. Applicants who have an immediate relative writing the relevant examination in the period applied for, will not be considered.
- 8. Applicants who are in other employment for remuneration will not be considered even if they take leave of absence from that employment.
- 9. Applicant may not be an ABET Tutor.
- 10. Applicants must be willing to perform reasonable manual tasks requested of them, such as carrying boxes and sweeping working areas.
- 11. Applicants must have completed their examinations at the Tertiary Institution where they are studying before the commencement period of employment as an Examination Assistant.
- 12. Fraudulent and incomplete applications will be disqualified.
- 13. Only successful applicants will be contacted telephonically via cellphones and informed of final employment venues and dates.

## **BANK PARTICULARS**

Name of Bank			Branch Name	
Account Number			Branch Code	
Type of Account	Savings Account 🗌	Curre	nt Account 🗌	Transmission Account

## DECLARATION BY APPLICANT

I understand that incomplete and/or fraudulent information and missing documents or signatures will lead to automatic disqualification of this application. I hereby declare that all the information supplied in this application is true and correct and that I meet ALL the above requirements.

Signature: Applicant

Date

ISSUED BY MARKING PROCESSES KING WILLIAMS TOWN