

# Invigilator Nomination Form for Literacy and Numeracy Testing

## Important Notes

If you are unable to attend Literacy and Numeracy test on campus at Federation University, please complete all details on this form and return to [admissions@federation.edu.au](mailto:admissions@federation.edu.au) before the registration closing date. It is your responsibility to arrange a test date and time with your invigilator within the available test window. Please include the agreed date and time on this form.

## Invigilator Eligibility

External invigilation cannot be overseen by a family member, personal friend or work colleague. The nominated exam supervisor is to be of good standing. Examples of those eligible to supervise are:

- Qualified medical practitioner (e.g. Chiropractor, dentist, GP, nurse, optometrist, pharmacist)
- Justice of the Peace
- Minister of religion, or marriage celebrant
- Teacher
- Librarian
- Professional examination invigilator (e.g. exam centre or at another higher education institution).

External invigilators must agree to undertake this role in a voluntary capacity with no expectation of payment of any kind. The exception to this is if the applicant chooses to engage a professional examination invigilator (e.g. at an exam centre or another higher education institution), in which case the applicant will be responsible for any payments or outgoings to the invigilator.

<b>Applicant Details</b> First Name, Surname	
Application Number	
Contact Phone Number	
Email Address	

<b>Invigilator Details</b> First Name, Surname	
Occupation	
Contact Phone Number	
Email Address	

### Test Details

You will require access to a computer with an internet connection in order to complete the test

Test Venue (include address)	
Test date and time (As agreed between applicant and invigilator)	

### Invigilator Declaration

- ◆ I agree to act as exam invigilator and supervisor for this candidate's external examination(s).
- ◆ I agree to be responsible for the secure receipt and handling, and timely return, of the examination materials provided to me by Federation University, and to conduct the examination in accordance with Federation University Examination Guidelines and Procedures.
- ◆ I understand that Federation University will contact me to provide additional information regarding examination arrangements once this nomination has been approved and that the student is responsible for all his/her travel costs.
- ◆ I confirm that the information provided by me in this form is correct and complete to the best of my knowledge and belief, and that I am not related to, reside or work with, the examination candidate.

Signature of Invigilator	
Date	

Please return this completed form via email to [admissions@federation.edu.au](mailto:admissions@federation.edu.au)

### Privacy Statement

The information on this form is collected for the primary purpose of **Literacy and Numeracy Testing**. Other purposes of collection include **facilitating access to ClassMarker**. If you choose not to complete all the questions on this form, it may not be possible for **School of Education** to **conduct the Literacy and Numeracy Test**. Personal information may also be disclosed to **ClassMarker**. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at [privacyofficer@federation.edu.au](mailto:privacyofficer@federation.edu.au)