



BOTSWANA  
EXAMINATIONS  
COUNCIL

# Application Form Marker/Examiner Junior Certificate Examination

## **PART A: PERSONAL INFORMATION**

Title: DR/ MR/ MRS/ MISS

First Name: ..... Surname: .....

ID (Oman/Passport Number): .....

Contact Address.....

Mobile No: ..... Telephone (work): .....

Gender:            Male:             Female:

## **PART B: EMPLOYMENT DETAILS**

Name of School/College/Institution:.....

Address.....

Telephone No: .....

Payroll Number: ..... Gross Salary.....

**Subjects and components in order of preference in which you wish to be considered for Appointment:**

Subject of Specialization:  
.....

Preferred Components (Paper)  
.....

## **PART C: QUALIFICATIONS**

1. Academic Qualification attained: .....





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## **PART E: REFERENCE:**

Please identify below three referees to support you application (Please obtain their prior agreement to act as your referees)

1. Name.....  
Occupation and Position Held.....  
Contact Address: .....  
Telephone: .....
2. Name: .....  
Occupation and Position Held: .....  
Contact Address: .....  
Telephone: .....
3. Name: .....  
Occupation and Position Held: .....  
Contact Address: .....  
Telephone: .....

## **PART F: DECLARATION**

I declare that the particulars given are correct to the best of my knowledge and I will notify any change to BEC. I will not be undertaking any other assignment during the marking. Should I be offered and accept an appointment as an examiner, I will carry out to the best of my ability, all rules and instructions issued for my guidance by Botswana Examinations Council.

Applicant's Signature: ..... Date.....



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## **PART H: WITNESS (SUPERVISOR/ SCHOOL HEAD)**

**Comments:**

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

Name: .....

Position: ..... Date: .....

Address:

.....

Telephone Number: .....

## **FOR OFFICIAL USE ONLY**

Date of Consideration: .....

Comments:.....

.....

.....

Approved/ rejected (please tick)

Approved by: .....

Date: .....