



**Limerick Institute of Technology**  
**Institiúid Teicneolaíochta Luimnigh**

*The Examinations Department*  
*Limerick Institute of Technology*  
*Moylish Park, Limerick*  
Telephone: (061) 293200 Fax: (061) 293001  
Email: exams@lit.ie

**APPLICATION FOR APPOINTMENT AS EXAMINATION INVIGILATOR**

All Sections must be answered

Where appropriate, please put "not applicable"  
This Post is subject to Garda Vetting

1. Surname: \_\_\_\_\_ Forenames (in full) : \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone No: Home \_\_\_\_\_ Mobile: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Please give details of work experience relating to this position:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you previously been employed by this Institute, and if so, please give details:  
\_\_\_\_\_  
\_\_\_\_\_
7. When would you be available to supervise examinations?  
Morning ☐ Afternoon ☐ Evening ☐
8. Please give the names and addresses of two persons, not related to you, who can give a personal testimonial as to your character:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there any close member of your family currently attending this Institute?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. If yes, please state the course / Department:  
\_\_\_\_\_  
\_\_\_\_\_  
(This is to ensure that you will not be timetabled for any examinations in this area)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that the information furnished in this Application Form is correct and to the best of my knowledge



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**INVIGILATOR AVAILABILITY FORM ACADEMIC YEAR 2016/17**

Please complete this form fully and return to the Examinations Office along with current PASSPORT PHOTOGRAPH (if not previously provided).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

**Please indicate when you will be available to invigilate:**

1. I am available to join the LIT May 2017 Invigilation Team: YES ☐ NO ☐

2. I am available to cover the following exam sessions:

AM 9.30 am – 12.30 pm

YES ☐ NO ☐

PM 14.30 - 17.30

YES ☐ NO ☐

EVEN 18.00 – 20.30

YES ☐ NO ☐

3. Please indicate if you would like to be considered for:

Scribing (writing down answers as indicated by student)

YES ☐ NO ☐

Reader (reading exam paper and scripts to student)

YES ☐ NO ☐

4. Is there any family member currently attending this Institute: YES ☐ NO ☐

5. If Yes, please state the course attending:

\_\_\_\_\_

6. I wish to remain on the LIT panel of invigilators YES ☐ NO ☐

7. I wish to be removed from this panel of Invigilators for all future examinations. YES ☐ NO ☐

8. I return completed NVB 2 Vetting Form, along with a copy of passport or Driver's Licence and a copy of a recent utility bill (from the last six months) YES ☐ NO ☐

SIGNED: \_\_\_\_\_

Failure to return completed form may result in removal from the panel.