

INVIGILATOR/PROCTOR/SUPERVISOR APPLICATION FORM

Page 1 to be completed by the applicant

PRODUCT: (e.g. PRINCE2® / ITIL®)	
NEW INVIGILATOR/PROCTOR/SUPERVISOR NAME:	
ADDRESS:	
E-MAIL:	
TELEPHONE:	
CURRENT POSITION AND COMPANY:	

I confirm that my application is complete and all information provided as part of this application is true and correct.

I hereby confirm that in support of this application, I have read and understood the [<Insert relevant product \(s\)>](#) Notes to Invigilator/Proctor Booklet, and will abide by the rules contained in it.

In support of my application I have attached an up-to-date CV.

I understand that as an approved invigilator/proctor/supervisor I am subject to random and unannounced spot checks by APMG staff or their representatives; if issues are identified with my conduct or actions acting as an invigilator/proctor/supervisor I am aware that suspension or withdrawal proceedings regarding my approved status may be initiated.

I also grant permission for APMG to disclose my details in relation to my invigilator/proctor/supervisor status to third parties for the purposes of audit of APMG by regulatory bodies such as APM Group - The Cabinet Office Official Accreditor and United Kingdom Accreditation Services recognised auditors.

By signing this application, I declare that, by making this application, I will not be in breach of any court order or any express or implied terms of any contract or other obligation binding on me and I hereby undertake to indemnify the Company (APMG) against any claims, costs, damages, liabilities or expenses which the Company may incur as a result if I am in breach of any such obligations.

Signed: Date:
(New Invigilator / Proctor)

Print Name:

CONFIDENTIALITY AGREEMENT FOR INVIGILATORS/PROCTORS/SUPERVISORS

Page 2 to be completed by the applicant

I confirm that as an Invigilator/Proctor/Supervisor for APMG. I will comply with all the obligations imposed on me by both statute and the general law including, but not limited to, the obligation: -

- Not to disclose the business of APMG, or other Confidential Information either during or after my appointment.
- To return to APMG, at request, all documents and papers belonging to APMG.
- Not to copy any documents received as an Invigilator/Proctor/Supervisor without prior written permission.
- Not to put myself in a position where the interests of APMG conflict with my personal interests or my duty to any third party.
- To act in good faith in the interests of APMG.

For the purposes of this Agreement, Confidential Information is any information including but not limited to: candidates, customers, personal details, examinations or requirements, or any other documents provided in the pack sent to the examination site.

This Confidentiality Agreement is valid for a period of 3 years.

I confirm I have read and understand the Invigilators booklet.

Name of Invigilator:

.....

I am invigilating/proctoring/supervising this exam on behalf of (*please enter the accredited training company, or other organisation that has asked you to invigilate/proctor these exams*)

.....

Signed:

.....

Date:

.....

Page 3 to be completed by an ATO representative

I <Insert Name> am recommending that the person named above be approved as a <Insert Product (s)> Invigilator/Proctor/Supervisor, on behalf of <Insert Name of ATO>.

ATO NAME:	
ATO MAIN CONTACT NAME:	
TELEPHONE:	
FAX:	
E-MAIL:	

For individuals who are not directly employed by the ATO:

If the above named is not employed directly by the ATO, then they should be from a supplier with whom there is an existing relationship with the ATO or deemed appropriately independent to supervise an individual exam. Please provide details of the relationship below, including current duration and basis of the relationship.

I confirm that the invigilator/proctor/supervisor named above is not a subordinate or direct employee of the exam candidate(s).

I confirm that the invigilator/proctor/supervisor named above is not a relative and does not hold a close personal relationship with the exam candidate(s).

Please tick this box to confirm that you, as your ATOs authorised signatory, are happy for the individual to act on your behalf and are aware that you may be held responsible for any problems found with the invigilator/proctor/supervisor

Signed: Date:
(for ATO)

Please return this form along with a CV for the applicant. The person nominated to become an invigilator/proctor/supervisor must hold a position of authority in the organisation. Applicants may be rejected should APMG feel that the position they hold may mean they could be unduly influenced by their colleagues when invigilating/proctoring/supervising and marking an examination.

If an invigilator/proctor/supervisor is approved then the ATO will be informed in writing.

Please note that approval as an invigilator is valid for a period of 3 years. ATOs will be contacted annually to ascertain the continuation of Invigilators/Proctors/Supervisors for the full 3 years. If no response is received, APMG will continue to approve the Invigilator/Proctor/Supervisor for the remainder of their 3 year period.

It should be noted that Approved Invigilators/Proctors/Supervisors are subject to spot checks by APMG staff or their representatives; if issues are identified with the conduct or actions of invigilators/proctors/supervisors then suspension or withdrawal proceedings for the individual may be initiated.

Please send completed application forms and CVs to your local APMG office.