**Invigilator Application Form**

**Please send the completed form to** **cpqt@bcs.uk**

**Section 1 – Invigilator Details**

|  |  |
| --- | --- |
| Invigilator Name | Click here to enter text. |
| Invigilator Address | Click here to enter text. |
| Invigilator Email Address | Click here to enter text. |

**Section 2 – Experience**

Please provide the detail of any previous invigilation experience you have

|  |  |  |
| --- | --- | --- |
| **Dates** | **Detail of Experience** | **Organisation** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Section 3 – Data Privacy Policy**

We need to keep your data as you have registered with BCS to become an approved invigilator.

Your information is held in our database of invigilators. We will hold this data until you advise us that you are no longer working as a BCS invigilator.

You have a number of rights regarding the processing of your personal data. These include seeing what data we hold and updating your information. For more information please see our Data Privacy Policy which is available on the BCS website <https://www.bcs.org/category/7426> .

Please tick this box to confirm that you consent to your data being held in line with our Data Privacy Policy [ ]

**Section 4 – Invigilator Declaration**

In submitting this application, I confirm to the best of my knowledge that the information I have provided is accurate.

|  |  |
| --- | --- |
| Printed Name | Click here to enter text. |
| Signature | Click here to enter text. |
| Date | Click here to enter text. |