



St John Bosco College Exam Invigilator - Volunteer Registration Form

Volunteer Profile

The role of an invigilator is to ensure the fair and proper conduct of exams in an environment that enables a student to perform at their best. Invigilators are required to ensure that exams are carried out in accordance with the rules set out by the examination boards and St John Bosco College. Invigilators may also be required to read questions or scribe on the behalf of the student.

Exams begin in April 2026 and end in June 2026 and Invigilators are required to support morning and/or afternoon sessions. All invigilators will be required to attend and complete the required training.

Personal Details

Family name

First name

Address for
correspondence

Phone

Mobile
number

Email Address

Do you speak other languages?

Yes

No

If 'Yes', which languages do you speak?

Please tell us why you would like to support as a Volunteer Exam Invigilator

Please tick (✓) when you will usually be available to offer work as a volunteer exam invigilator.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning 08:00 – 12:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon 12:30 – 16:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Relationships

Are you related to, or do you have a friendship with or close personal /business association with any employee of the school? Yes No

If yes, please complete this section.

Employee's name:

Position:

Relationship:

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| |
| |

Referees

Please provide the name of two referees: ideally one should be your present or most recent employer and the other a previous employer or someone who knows you in a professional or training/education context.

| Name of Referee 1 | Phone/email address |
|-------------------|---------------------|
| | |

| Address | Occupation and relationship to you |
|--------------------------------------|------------------------------------|
| | |
| How long have you known this person? | |

| Name of Referee 2 | Phone/email address |
|-------------------|---------------------|
| | |

| Address | Occupation and relationship to you |
|--------------------------------------|------------------------------------|
| | |
| How long have you known this person? | |

Declaration

I declare that all of the above information is correct and I have completed it truthfully. I understand that any volunteer activities offered will be subject to satisfactory references and any other checks. I also understand that providing any false or misleading information to support my application may disqualify me from volunteering with the school.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I agree that the information given on this form may be used for recording and application processing purposes under the Data Protection Act 1998. I have also understood and complied with the provisions concerning the disclosure of criminal convictions.

| Signature | Date |
|-----------|------|
| | |