



Let the mind manage the body  
Que l'esprit gère le corps

**Survey Form W1**  
*Please return to Local (Exams & Marking) Section*

**MAURITIUS EXAMINATIONS SYNDICATE**

**CAMBRIDGE SC/GCE 'O' LEVEL/NATIONAL SCHOOL CERTIFICATE NOVEMBER 2024 MARKING EXERCISE  
TRAINING WORKSHOP FOR PROSPECTIVE MARKERS/EXAMINERS**

**Subject.....**

1. Surname : Mr/Mrs/Miss\* .....  
\* (Please delete as appropriate)
2. Other Name (s) : .....
3. NIC : .....
4. Home Address : .....
5. School Working : .....
6. Post Held : .....
7. Telephone : Residence : ..... School : .....  
Mobile : .....
8. Email Address : .....

9. Have you attended a SC/GCE 'O' Level Training Workshop previously? Yes\* No\*
- If yes, state (a) Subject/Paper: .....*
- (b) Month and Year: .....*

- 9.1 Have you been offered appointment as SC/GCE 'O' Level Marker/Examiner previously? Yes\* No\*
- If yes, state the year(s): .....*

10. Are you presently teaching the above subject at Grade 10, 11, 12 or 13? Yes\* No\*
- If yes, complete paragraph 10.1*
- If no, complete paragraph 10.2*

\* (Please tick as appropriate)

- 10.1 Please state number of years/months completed in teaching the above-mentioned subject.

Name of School	Grade	From Month/Year	To Month/Year	No. of years/months
	10			
	11			
	12			
	13			

- 10.2 Subject(s) presently teaching

	Subject	Grade	No. of years/months
1			
2			

11. **QUALIFICATIONS (Please attach copies of Certificates mentioned below)**

(a) 'O' Level Year: .....

(b) 'A' Level Year: .....

Institution: .....

Institution: .....

Subject	Grade

Subject	Grade

(c) **Diploma/Degree/Masters/PGCE etc**

	Subject	Division	Year	Institution/University
Diploma				
Degree:				
Masters				
PGCE				
Others				

12. I affirm that I have no wards/close relatives\*\* taking the SC/GCE 'O' Level/National School Certificate Oct/Nov 2024 Examinations.

12.1 I declare that the following wards/close relatives\*\* are to my knowledge taking part in the above examination this year:

(a) Name: ..... Relationship: .....

(b) Name: ..... Relationship: .....

*\*\*wards/close relatives refer to brother, sister, son, daughter, grandchild, step child, adopted child, brother-in-law, sister-in-law, first cousin, nephew/niece of self or spouse; any other person living under the same roof or in the same yard.*

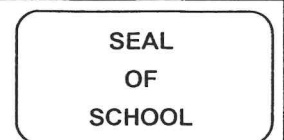
13. I certify that the information given in this form is correct to the best of my knowledge and that I have **not willfully** suppressed any material fact or supply incomplete or inaccurate information.

Signature of Applicant: ..... Date: .....

N.B: **ONLY SELECTED CANDIDATES WILL BE CALLED TO ATTEND THE TRAINING WORKSHOP.**

**To be completed by Head of School**

I certify that the information given at Paragraph 10 by the Educator is correct as per school records.



School Name: .....

Name of Head of School: .....

Signature of Head of School: ..... Date: .....

**Latest date for submission to MES: 07 June 2024**