



MAURITIUS EXAMINATIONS SYNDICATE
CAMBRIDGE SC/GCE 'O' LEVEL NOVEMBER 2023 MARKING EXERCISE
TRAINING WORKSHOP FOR PROSPECTIVE MARKERS/MODERATORS

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/Moderator 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

No.	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 Oct/Nov 2023 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.*

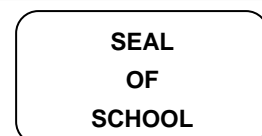
13. I certify that the information given in this form is correct to the best of my knowledge and that I have **not willfully** suppressed any material fact or supply incomplete or inaccurate information.

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: 09 June 2023