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 OCTOBER/NOVEMBER 2026
MARKING EXERCISE

TRAINING WORKSHOP FOR PROSPECTIVE EXAMINERS/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/NSC 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/NSC Examiner/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

	Subject	Grade	No. of years/months
1			
2			

P.T.O.

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

(a) 'O' Level Year: …….

Institution: ……

Subject	Grade

(b) 'A' Level Year: ……

Institution: ……

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 October/November 2026 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.

SEAL OF SCHOOL

School Name: ……..….

Name of Head of School: …….

Signature of Head of School: ……..…….. *Date:* ……

Latest date for submission to MES: **Friday 12 June 2026**