



MAURITIUS EXAMINATIONS SYNDICATE
Marking, Training and Development Section

DEL F EXAMINATION

SURVEY FORM - TRAINING OF EXAMINERS/MARKERS (Year: 2021)

1. School code / School name MU..... /
2. Title : Surname Mr / Mrs / Miss :
(Delete as appropriate)
3. Forename(s)
4. Home address
5. NIC no. (*attach copy*)
6. Phone no. Res: Mob:
7. Post presently held at school
8. Grade(s) teaching
9. Date appointed (*In Present Post*)
10. No. of years as French Educator
11. Email address

12.	QUALIFICATION(S):	Subject	Year	Institution/ University
(a)	Degree			
(b)	Post Graduate			

(Please tick ✓ as appropriate)
 YES NO

Have you followed a DELF Training course previously?

☐
☐

If yes, state month and year:

IMPORTANT

I, the undersigned, certify that the above information is true and correct. I am aware that any false or misleading information given above is a criminal offence. I understand that missing information may result in my elimination from the selection exercise.

Signature of Applicant:

Date:

TO BE COMPLETED BY HEAD OF SCHOOL

I confirm that the above named officer is recommended for any appointment offered by MES and that the information given at paragraphs 7 and 8 above is correct.

Name of Head of School :

Signature of Head of School :

Date :

SEAL OF
SCHOOL