

## NSW School of Massage Invigilator Approval Form

*This form is to be completed by the invigilator. The student must submit the completed form along with any relevant attachments to the NSW School of Massage email address [info@schoolofmassage.com.au](mailto:info@schoolofmassage.com.au) no later than 10 working days prior to the examination.*

An acceptable invigilator is someone with no conflict of interest in upholding our academic standards. Relatives, friends, spouses and neighbours are not acceptable invigilators. An invigilator candidate may be from one of the following categories:

- Educational administrator at a community college, university, high school, learning centre or private testing centre
- Librarian at a public library

The invigilator is required to supply:

- A letter on an official letterhead, signed by the invigilator's employer, clearly showing the position held, and the actual business address including a phone number for verification purposes.

### **Invigilator Responsibilities**

The invigilator is responsible for ensuring the security and integrity of the student examination process, in an honest manner.

### **Invigilator Declaration**

I declare the following:

- I agree to the above invigilator responsibilities.
- I am not a relative, friend, spouse or neighbour of the student.
- I have been in contact with the below named student and I agree to supervise the examination(s) for this student in accordance with the invigilator instructions provided by the NSW School of Massage.
- I will provide a quiet place for the student to sit the exam, and ensure that a desk and chair is available and in working order.
- I will not make any copies or scan any parts of the examination paper other than the copy used for test-taking.
- No person other than myself and the student will handle or view the examination paper. (The student may have access to the examination paper only during the examination period)
- I will follow the examination requirements as specified on the examination paper. These may include a time limit, specific allowable equipment and inclusion or exclusion of text books, notes, etc.
- I agree to verify the student's photo identification (ID) at the time of the examination.
- I will personally scan and email the completed exam(s) to the NSW School of Massage immediately after the student has completed the examination (day after exam at the latest). I will also post the original completed examination paper back to school once confirmation of the electronic copy has been received.
- I certify that the information on this form is true and complete and I understand that inaccurate or misleading information may affect the student's academic status. I also agree to notify the NSW School of Massage administration office immediately if any of the above information or circumstances change.
- I have attached a form of identification to show my employer and my position held, and I agree to have this verified by the staff of the NSW School of Massage.

### **Invigilator's Details**

Name: _____	Phone: _____
Address: _____ _____	Email: _____
Position: _____	
Employer: _____	
Invigilator Signature: _____	Date: _____

### **Student Details**

Student Name: _____
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