



### STUDENT ELIGIBILITY

This form is to be completed by students requiring exam invigilation for mid-semester, practical and/or final exams and who:

1. Live more than 100 kilometres from the ACPE campus during semester and are enrolled in an **online mode** for units; OR
2. Are a Category 1 Elite Athlete, Performer or Coach, with ACPE approval from the Director of Student Services & Campus Wellbeing.

### INVIGILATOR ELIGIBILITY

External invigilators must agree to undertake this role in a voluntary capacity with no expectation of payment of any kind. The exception to this is if the student chooses to engage a professional examination invigilator and will be responsible for any payments or outgoings to the invigilator. External invigilation **cannot** be overseen by a partner, relative, personal friend or work colleague.

Examples of those eligible to supervise are:

- Qualified medical practitioner (e.g. Chiropractor, dentist, GP, nurse, optometrist, pharmacist)
- Justice of the Peace
- Minister of religion, or marriage celebrant
- Teacher
- Librarian
- Professional examination invigilator (e.g. exam centre or at another higher education institution).

### APPLICATION PROCESS

Eligible students are required to complete Section A of the 'Nomination of External Exam Invigilator Form' (page 2 of this document) , and have their nominated exam supervisor complete Section B. Students must then return both sections of the form to the Exams Department along with the nominated supervisor's proof of credentials or qualification. Lodgements that do not include the nominated supervisor's proof of credential/s or qualification/s will NOT be considered.

### SUBMISSION DETAILS

This form must be completed and returned at least **one calendar month prior to the exam date** either in person to Student Services at the ACPE Campus or online via email to [acpeexams@acpe.edu.au](mailto:acpeexams@acpe.edu.au)

### OUTCOME

Your application will be assessed by the College and you will be notified of the outcome of your nomination no later than 2 weeks prior to the exam date/period, via your ACPE student email address.

## SECTION A: To be completed by ACPE student

### Personal Details

Student ID No.					Phone Number										
Given Name					Family Name										
Course Name					Mode of Study <small>(Online or On Campus)</small>										
Home Address					Suburb					Postcode					

### Unit Examination Details

Unit Code	Unit Name	Lecturer Name	Mid Sem Exam?	Prac Exam?	Final Exam?
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### Student Declaration (tick applicable boxes)

- I confirm that the information I have provided to ACPE Exams is true and accurate, and that the External Invigilator I have nominated meets the eligibility criteria and is not my partner, relative, personal friend or work colleague.
- AND** (select the relevant box)
- I reside outside 100kms of the ACPE campus during semester and am nominating an External Exam Invigilator for my examinations.
- I am a Category 1 Elite Athlete, Performer or Coach and have approval from the Director of Student Services & Campus Wellbeing to conduct my exams under External Invigilation.
- I reside outside 100kms of the ACPE campus during semester and am nominating the same approved Invigilator used for my previous exam supervision. Invigilator Name: \_\_\_\_\_ (Section B completion not required).

Student Signature		Date	D D / M M / Y Y Y Y
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## Section B: To be completed by Exam Invigilator Nomination

NB. Please ensure that your occupation/position meets the eligibility criteria as outlined on Page 1 of this form.

### Invigilator Nomination Details

Full Name					
Occupation/Position					
Place of work					
Address		State		Postcode	
Email Address (print clearly)					
Mobile No.		Alternate Contact No.			
Proposed Examination Venue					

Please provide a copy of your certification/registration, business card, letterhead email or other suitable documentation.

Verification provided (tick applicable)	<input type="checkbox"/> Registration/certification	<input type="checkbox"/> Business card	<input type="checkbox"/> Official letterhead email	<input type="checkbox"/> Other: _____
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### Invigilator Declaration (Tick each box for declaration approval)

I declare that the information I have provided in this document is true, accurate and complete in every respect, and I have no conflict of interest acting in the capacity of invigilator for the stated exams.

I agree to observe the prescribed ACPE Examination Guidelines and procedures in relation to such exams.

I am NOT a family member, personal friend or work colleague of the student.

I understand that invigilation is voluntary with no expectation of payment of any kind.

I have provided verification of my position/occupation/credentials with this nomination form.

**PRIVACY**  
ACPE requires the information you have provided in order to assess your nomination to be an examination invigilator. If you have any queries in relation to the matter in which ACPE handles your personal information, please contact [acpeexams@acpe.edu.au](mailto:acpeexams@acpe.edu.au)

Invigilator Signature		Date	D D / M M / Y Y Y Y
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### Office Use Only

Date Form received	D D / M M / Y Y Y Y	Section A complete	Yes / No	Section B complete	Yes / No
Verification approved	Yes / No	Comments:			
Invigilator approved	Yes / No	If denied, state reason			
Staff Name Assessor		Staff Signature		Date	D D / M M / Y Y Y Y
Paradigm updated	✓	Database updated	✓	Student notified	✓
				Invigilator notified	