



E-LEARN EXAMINATIONS BOARD

EXAMINER APPLICATION FORM

Personal Information

Full Name	
Date of Birth	
Gender	
Subject(s)& class(es)	
Current address	
WhatsApp number	
Other contacts/email	

Educational Background

Highest level of Education	
Institution	
Year of Graduation	
Other Relevant Qualifications	
Institution	
Year of Graduation	
Specialized Subjects	

Professional Experience

Current school	
Responsibilities at school	
Previous school	
Responsibilities at school	
Experience in Examining	
Briefly describe your examining experience	
Subject(s)	

Professional Development

Training in Examination Setting Courses/Workshops Attended and dates

List Examination Boards you have worked for as an "EXAMINER"	
Duration	

Skills

Computer Skills	
Proficiency in Microsoft Office Suite	
Proficiency in Exam Management	
English Language Proficiency	
Other languages	

References

Professional References	
Name	
Job Title	
Organization	
Contact Information	
Relationship to Applicant	
Academic References	
Name	
Job Title	
Institution	
Contact Information	
Relationship to Applicant	

Personal Statement

Why are you applying as an Examiner at E-Learn Examinations Board?	
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Declaration

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge.

Signature..... Date.....

Instructions for Submission

NB: **successful applicants will be contacted for the final online interview**

1. Please ensure all sections of the form are filled.
 2. Attach a copy of your national ID (FRONT AND BACK) and other relevant document(s).
 3. Submit the completed form and attachments to **WhatsApp: 07084380543** email: e-learnexams@gmail.com
- For any inquiries send a WhatsApp message to [0708438054/0708438054](https://www.whatsapp.com/channel/0029va838054/0708438054)