

Candidate Supervision Declaration Form

Read the guidance notes at the end of the form before you fill it in.

Centre number	<input type="text"/>	Centre name	<input type="text"/>
Candidate number	<input type="text"/>	Candidate name	<input type="text"/>
Syllabus code	<input type="text"/>	Syllabus title	<input type="text"/>
Component code	<input type="text"/>	Component title	<input type="text"/>

Time of scheduled examination	Date (DD/MM/YY)	Time (HH:MM)	Time of rescheduled examination	Date (DD/MM/YY)	Time (HH:MM)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time supervision started	Date (DD/MM/YY)	Time (HH:MM)	Key Time (HH:MM)	End of supervision	Date (DD/MM/YY)	Time (HH:MM)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Candidate declaration

I declare that I will not meet or communicate with anyone who is not under supervision. I understand that communication includes any form of electronic communication, for example telephone, fax, email, text message and the internet. I must not have access to a mobile telephone or any other form of electronic communications device while under supervision. I will also comply with the arrangements made by my exam Centre.

Signed (Candidate) **Date** (DD/MM/YY)

Name

Supervisor declaration

I (insert name), declare that I will personally supervise the candidate named above at all times, from the start of the supervision time specified above, until the end of the supervision time specified above. I understand that the candidate must not meet or communicate with anybody who is not under supervision. Communication includes any form of electronic communication, for example telephone, fax, email, text message and the internet. I understand that I must take the candidate from the exam Centre and keep them under my supervision until the end of the supervision time detailed above.

Supervisor role

(for example, member of Centre staff, invigilator, parent/carer, retired teacher, family friend, member of the faith community)

Signed (Supervisor) **Date** (DD/MM/YY)

Name

Head of Centre/Cambridge Associate declaration

Given the declarations of the candidate and supervisor, I certify that I will do all I can to make sure the conditions detailed above are followed. I will inform Cambridge if any of the conditions detailed above are not followed.

Signed (Head of Centre) **Date** (DD/MM/YY)

Name

If you submit this form electronically please tick the check box as an alternative to signing the form.

Returning this form

Return this form to info@cie.org.uk. Please include your Centre number and Form 7 Supervision Declaration in the email subject line. Save a copy of the form for your own records.

Guidance notes

Background

You need to complete this form if you have our permission for one or more of your candidates to sit an exam at a different time to the time published on the final timetable. Keep a copy of the completed form as we may ask to see it at any time.

You must appoint a member of Centre staff to be responsible for the overall arrangements detailed on this form. This person must supervise the candidate from/until the Key Time while they are on the Centre premises.

The supervisor (the person responsible for supervising the candidate when they are not on the Centre premises) must be a responsible adult and preferably a member of Centre staff. The supervisor must supervise the candidate from the time they leave the Centre until the time the responsibility of the supervision is transferred back to the Centre.

We may check at any time that the conditions detailed on the form have been followed. We will take action if there is any evidence to show that the conditions have **not** been followed. This includes the disqualification of any candidates involved and the possibility that we may not approve any of your Centre's future timetable deviation applications.

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