

Candidate supervision declaration

You must complete this form if you have our permission for a timetable deviation and your candidate is travelling from one centre to another, or candidates require supervision overnight. You do not need to send us this form, but you must keep a copy of the completed form as we may ask to see it at any time.

Before you complete this form, please read the 'What is Full Centre Supervision' section and section 1.2.3 of the Cambridge Handbook.

Centre number	<input style="width: 100%; height: 20px;" type="text"/>	Centre name	
Candidate number	<input style="width: 100%; height: 20px;" type="text"/>	Candidate name	
Syllabus & component code			

Published date of exam (DD/MM/YY)						
Key time for exam (HH:MM)						
Candidate supervision start time	Date (DD/MM/YY)			Time (HH:MM)		
Time of rescheduled exam	Date (DD/MM/YY)			Time (HH:MM)		
Candidate supervision end time	Date (DD/MM/YY)			Time (HH:MM)		

Candidate declaration

I declare that I will not meet or communicate with any Cambridge International exam candidate 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 comply with the arrangements made by my exam centre.

Signed (candidate)		Date (DD/MM/YY)	
Name			

Supervisor declaration

During supervision, I understand that the candidate must not meet or communicate with any Cambridge International exam candidate who is not under supervision. Communication includes all forms of electronic communication, for example telephone, email, text message or the internet.

If a candidate requires transporting from one centre to another, I declare that I will personally collect the candidate from the exam centre at the agreed supervision start time and keep them under my supervision at all times until the agreed supervision end time.

I understand that I must report any suspected breaches of this agreed supervision arrangement immediately to the Head of Centre.

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 tell Cambridge International if any of the conditions above are not followed.

Signed (Head of Centre)

Date (DD/MM/YY)

Name