



MINISTRY OF EDUCATION
DIVISION OF EDUCATIONAL RESEARCH AND EVALUATION (D.E.R.E)
Telephone 624-2145 / 623-8464 / 627-9877

Application to mark the National Test 2009

Please tick (✓) the appropriate box

Position Examiner (Table Leader) Assistant Examiner (Marker)

Contact Information:

Name: _____
(FIRST - LAST NAMES IN CAPITAL LETTERS)

Address: _____

Telephone: _____ Mobile: _____ E-mail: _____

Please tick (✓) the appropriate boxes and complete each section below

School Information:

1 2 3 4 5 6 7 8

Ed. District: (Caroni) (North Eastern) (Port of Spain) (St George East) (St Patrick) (South Eastern) (Victoria) (Tobago)

School: _____

Address: _____

Telephone: _____ Fax: _____

Age group: 18-25 26-30 31-35 36-40 41-45 46-50 51 +

Gender: Female Male

Years in the teaching service: 1-5 6-10 11-15 16-20 21-25 26 +

Post: Teacher Head of Department Senior Teacher Other: _____

Class Assigned: 1st Yr 2nd Yr Std 1 Std 2 Std 3 Std 4 Std 5 N.A.

Qualifications (Please staple copies of your DEGREE(S) ONLY to this form)	Tick ✓
1. Teacher's Diploma	
2. Certificate in Education (Specialization -	
3. Bachelor's Degree (Specialization -	
4. Master's Degree (Specialization -	
5. Other -	

Previous Marker: No Yes *Subject(s):* _____

Subjects Prefer To Mark: *Write in two boxes only a (1) for a 1st choice and a (2) for a 2nd choice*

Mathematics Language Arts Science Social Studies

Signature & Date: _____

Please complete and submit by **June 5th 2009** to: **Ministry of Education, Division of Educational Research and Evaluation, 18 Abercromby Street (1st Floor), Port of Spain.**