



**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 Certificate of Secondary Education (NCSE)**  
**Level I Examination 2009**

*Please tick (✓) the appropriate box*

Position  Examiner (Table Leader)  Assistant Examiner (Marker)

***Personal Information***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please tick (✓) the appropriate box*

Age group:

21-25  26-30  31-35  36-40  41-45  46 +

Gender: Female  Male

No. of years in teaching service:

1-5  6-10  11-15  16-20  21-25  26+

Post: Teacher  Head of Department  Other \_\_\_\_\_ (please specify)

<b>Qualifications (Tertiary: Professional &amp; Academic)</b>	<b>Institution</b>	<b>Year Obtained</b>

*\* use asterisk to indicate if currently reading for a stated course of study*

Marker experience: NCSE  CSEC  CAPE  SEA  Other: \_\_\_\_\_  
 Please specify

Exam Year(s): \_\_\_\_\_

***School Information***

School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Which form/s do you teach? \_\_\_\_\_

Which subject(s) do you teach? \_\_\_\_\_

Please state the subject you are interested in marking \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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