

Phone: +27 21 659 1300 **Fax:** +27 21 659 1301 **Email:** enquiries@icb.org.za ICB, Birkdale 2, River Park, Liesbeeck Parkway, Mowbray, 7700. **PO Box** 2237, Cape Town, 8000, South Africa | **0861 000 422** | **www.icb.org.za**

Internationally recognised | Locally essential

APPLICATION FOR PRIVATE INVIGILATION

LEARNER DETAILS:	INVIGILATOR'S DETAILS:
ICB Student no	Surname
Surname	First Name
First Name	Title
ID Number	ID Number
College studying through	Telephone Number (including area code)
Closest Assessment Centre	Fax Number (including area code)
Employers name	Cell Number
Work Address	Email address
Distance from Learner's work to Closest Assessment Centre	Postal Address
Distance from Learner's home to Closest Assessment Centre	Job Title/ Office
Telephone Number (including area code)	Professional Membership with which organisation?
Email address	Professional Membership number
Street Address where assessment will be conducted	Physical Address where Question Papers must be delivered

TERMS AND CONDITIONS OF PRIVATE INVIGILATION

- 1. The granting of private invigilation is entirely at the ICB discretion and is in no way guaranteed or implied. The ICB will consider ALL the information in an application and make a decision based on the facts presented in relation to the ICB's quality assurance requirements.
- 2. The ICB's decision on this matter will be final and no correspondence will be entered into regarding this decision and the reasons therefor.
- 3. This application must be received by closing date of the exam, but preferably BEFORE that and together with the Assessment Entry Form.

- 4. Application for a private invigilation will only be considered where the closest ICB Assessment Centre is more than 200km from the learner's place of residence or work. This is a prerequisite for application and will be only one of the factors taken into consideration. This requirement is not an automatic guarantee of approval.
- 5. If your application for private invigilation is declined, the ICB will refund your Private Invigilation fee, however you will automatically be allocated to an assessment venue closest to you. The remainder of your fees are not refundable.
- 6. The learner must arrange for someone in authority to act as an invigilator. This person MUST be a holder of office (minister of religion, attorney, police, etc.) AND be accountable to a professional council. The Invigilator must be in no way connected or related to the learner.
- 7. The learner will be responsible for all expenses incurred by the Invigilator.
- 8. It remains the learner's **responsibility (and expense)** to ensure that the Invigilator has sent back their assessment and/or PoE's and that these are received by the ICB by the due date.
- 9. This form must be faxed/emailed together with
 - a. Proof of payment of the Private Invigilator Administration fee to the ICB
 - b. Proof of the invigilators position of authority
 - c. A copy of the Invigilators ID document

SIGNED

(LEARNER)

- d. A copy of the ICB's "ASSESSMENT INVIGILATION AND IRREGULARITY POLICY" document which has been initialled on each page by the private invigilator and signed in full on the last page.
- e. An affidavit by the invigilator confirming that the invigilator is in no way connected to or related to the learner.
- 10. Invigilators hereby agree to conduct the invigilation according to the ICB's Assessment policy and to the ICB's Assessment Invigilation and Irregularity Policy.
- 11. All assessment answer scripts and/or PoE's MUST be returned by the Invigilator to the Institute immediately within 24 hours after the assessments have been completed. Scripts are to be forwarded by courier service. Any delay in sending the assessment answer scripts to the ICB may result in the disqualification of the learner.

DECLARATION BY LEARNER

I hereby undertake to abide by the terms, conditions and policies listed above. I unde	rstand
that if it is shown that any irregularity or misconduct has occurred, then the ICB reserve	s the
right to investigate fully and take legal action where necessary.	

DECLARATION BY INVIGILATOR	
I hereby undertake to conduct the Invigilation to the terms, conditions and policies listed above. I under or misconduct has occurred that ICB reserves the rewhere necessary and report any irregularities to my	rstand that if it is shown that any irregularity ight to investigate fully, take legal action
SIGNED(INVIGILATOR)	DATE

DATE