

**2023 INVIGILATOR TRAINING – DECLARATION OF ATTENDANCE**  
**ONLINE/IN-PERSON/CLUSTER TRAINING SESSIONS**

<b>Name of district:</b>	
<b>Name of examination centre:</b>	
<b>Online/in-person/cluster training session:</b>	
<b>Date of training session:</b>	

	<b>Surname &amp; initial(s) of delegate</b>	<b>Designation</b>	<b>Signature</b>
1		Principal/Centre Manager	
2		Chief Invigilator (with approved delegation of authority)	
3		School Management Team member #1	
4		School Management Team member #2	
5		Senior Invigilator (community member)	
6		Invigilator (community member/teacher)	
7		Invigilator (community member/teacher)	
8		Invigilator (community member/teacher)	
9		Invigilator (community member/teacher)	
10		Invigilator (community member/teacher)	
11		Invigilator (community member/teacher)	
12		Invigilator (community member/teacher)	
13		Invigilator (community member/teacher)	

14		Invigilator (community member/teacher)	
15		Invigilator (community member/teacher)	
16		Invigilator (community member/teacher)	
17		Invigilator (community member/teacher)	
18		Invigilator (community member/teacher)	
19		Invigilator (community member/teacher)	
20		Invigilator (community member/teacher)	

<p><b>DECLARATION OF ATTENDANCE:</b></p> <p>I, the undersigned principal/centre manager, hereby declare that the delegates listed above have attended an online/in-person/cluster invigilator training session on:</p> <p>.....2023</p>	
<p>.....</p> <p><b>NAME &amp; SURNAME (PRINCIPAL/CENTRE MANAGER)</b></p> <p>.....</p> <p><b>SIGNED (PRINCIPAL/CENTRE MANAGER)</b></p> <p>.....</p> <p><b>DATE</b></p>	<p>SCHOOL/CENTRE STAMP</p>

This completed form must be scanned and emailed to [Monica.Hollenbach@westerncape.gov.za](mailto:Monica.Hollenbach@westerncape.gov.za) as well as to your district Assessment & Examination Coordinator.