

2024 INVIGILATOR TRAINING – DECLARATION OF ATTENDANCE
ONLINE/IN-PERSON/CLUSTER TRAINING SESSIONS

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

	Surname & initial(s) of delegate	Designation	Signature
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)	

DECLARATION OF ATTENDANCE:	
I, the undersigned principal/centre manager, hereby declare that the delegates listed above have attended an online/in-person/cluster invigilator training session on:	
.....2024	
..... NAME & SURNAME (PRINCIPAL/CENTRE MANAGER) SIGNED (PRINCIPAL/CENTRE MANAGER) DATE	SCHOOL/CENTRE STAMP

This completed form must be scanned and emailed to the district Assessment and Examination Coordinator and the following Head Office officials:

Education district	Head Office official
Cape Winelands Eden and Central Karoo Metro North West Coast	Nasreen.Valentyn@westerncape.gov.za
Metro Central Metro East Metro South Overberg	Nicole.Gezwint@westerncape.gov.za