



Invigilator/Exam Supervisor Request Form Standardized Contractor Safety Training for the Mining Sector

Please complete this form and return promptly to standardizedsafetytraining@saskpolytech.ca .

SECTION A - STUDENT DETAILS (to be completed by all students)

First Name: _____
Last Name: _____
Course Name/Code: _____
Date of Examination: _____ Time: _____ a.m/p.m
Contact Phone Number: (____) _____
Email Address: _____
Signature: _____

SECTION B - Invigilator/Exam Supervisor INFORMATION (completed by the Invigilator/Exam Supervisor)

If Invigilator/Exam Supervisor is at Sask Polytech Testing Centre this form is not required. Otherwise, Invigilator/Exam Supervisor must meet one of the criteria specified in the final exam instructions. The person you nominate should not be a relative, a student at Sask Polytech or a co-worker (unless role is one of those specified).

First Name: _____
Last Name: _____
Employer: _____ Contact Phone Number: _____

Approved Invigilator Occupation - Indicate the occupation that applies to you:

<input type="checkbox"/> Sask Mining Association Member company personnel: Manager, HR, Instructor/Trainer personnel	<input type="checkbox"/> Police services officer/RCMP
<input type="checkbox"/> Teacher, Professor, Principal or Superintendent of an educational institution, either public or private	<input type="checkbox"/> Military Educational Officer
<input type="checkbox"/> Official Testing Service of an accredited university or college	<input type="checkbox"/> Notary Public
<input type="checkbox"/> Chief or Band council member	<input type="checkbox"/> Clergy
<input type="checkbox"/> Librarian	<input type="checkbox"/> Approved Saskatchewan Polytechnic Training Provider
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Manager or Supervisor at your place of employment

Email Address (required): _____
Signature: _____ Date: _____