



# Nature Care College

## Distance Learning External Exam Supervisor Form

### External Examination Supervisor Policy

If it is not suitable for you to sit your final exam at Nature Care College and you need to undertake the exam externally, please complete this form with your supervisor and return it to the College prior to the exam registration closure date.

All supervisor requirements must be met.

### Supervisors Declaration

I, \_\_\_\_\_ declare that:

- a) I am not enrolled as a student and no member of my family who resides with me is enrolled as a student at Nature Care College.
- b) I am not related (by marriage or birth) to the student sitting the exam.
- c) I am able to provide suitable security for all examination papers (e.g. safe, locked filing cabinet, locked desk drawer) where required, and Online Exam access information, to prevent unauthorized access to the examination prior to the exam date.
- d) I am a suitable person, as defined by Nature Care College (please tick appropriate box).

<b>Accountant</b>		<b>Minister of Religion</b>	
<b>Consular Officer</b>		<b>Officer of Australian Defence Forces</b>	
<b>Educator</b>		<b>Police Officer</b>	
<b>Health Care Professional</b>		<b>Solicitor or Barrister</b>	
<b>Justice of the Peace *</b>		<b>Students' Employer or Manager</b>	

\* details of your local Justice of the Peace can be found at –  
<http://australia.gov.au/topics/law-and-justice/justices-of-the-peace>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Details of Supervisor:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Qualifications: \_\_\_\_\_

**Details of Student:**

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

1. Unit of Study: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

2. Unit of Study: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

3. Unit of Study: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

4. Unit of Study: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

5. Unit of Study: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**Venue**

Prior to selecting a venue, Supervisors are requested to consider the following to determine the suitability of the location.

- Accessibility to public transport
- Noise
- Adequate lighting
- Reliable internet/computer access

*\*Please note that incorrect/incomplete applications may result in your exam registration being withheld. Please ensure all areas of this document are complete and correct.*

Office Use Only			
SC	DB	HC	ES