|  |  |  |
| --- | --- | --- |
|  | For Cambridge English Language Assessment Office use only | |
| **Cambridge ID** | Input to Database by *(initial and date)* |

SPEAKING EXAMINER NOMINATION FORM

Note to the applicant Speaking Examiner: This form can be used to apply for the role of Speaking Examiner at a Cambridge Assessment English centre. Please fill this in and return it to the centre that sent you it. Any information from this form which is submitted to us will be kept securely by Cambridge English and will be used only for the purpose of quality assurance and speaking examiner arrangements.

1: NOMINATION DETAILS

*To be completed by the centre*

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre Name** |  | **Centre Number** |  |

Please put an X in the appropriate box(es) to indicate which level(s) the nominee is being nominated for  
(*please ensure that Section 3 corresponds)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KET/fS** |  | **PET/fS** |  | **FCE/fS** |  | **CAE** |  | **CPE** |  | **ILEC** |  | **ICFE** |  |
| **BEC P** |  | **BEC V** |  | **BEC H** |  | **YLE S** |  | **YLE M** |  | **YLE F** |  |  |  |
| **Date when nominee is required to begin examining if approved:** | | | | | | | | |  | | | | |

2: PERSONAL DETAILS

*To be completed by the Nominated Examiner.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **First name(s)** | | | | | **Surname** | |
|  |  | | | | |  | |
| **Date of birth \*mandatory field** | | | **Gender** | | **Nationality** | **Former Surname** *(if applicable)* | **Telephone Numbers** |
| Day | Month | Year | Male | Female |  |  |  |
| **e-mail \*mandatory field** | | |  | | | |  |

3:INDUCTION AND TRAINING DATES

*To be completed by the centre*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SE Induction completed** | Day | Month | Year | **SE Induction completed (YLE)** | Day | Month | Year |
| **Level / Qualification** | **Training completed** | | | **Level / Qualification** | **Training completed** | | |
|  | Day | Month | Year |  | Day | Month | Year |
|  | Day | Month | Year |  | Day | Month | Year |

4: ENGLISH LANGUAGE PROFICIENCY

***Language proficiency should be at least 2 CEFR levels higher than the CEFR level of the exam. For CAE and CPE C2 level is sufficient.***

|  |  |  |
| --- | --- | --- |
| **Is English your First Language** | **Yes** | **No** |
| If No, please specify your First Language | What is your English Language Level? (Please state the CEFR, if possible) | What proof can you give for your English language level? For example, English Language exam taken, include level, exam board etc. |
|  |  |  |

5: HIGHER EDUCATION AND TEACHING QUALIFICATIONS

*To be completed by the CEM/Nominated Examiner.*

|  |  |  |
| --- | --- | --- |
| **Do you have a degree or equivalent?**  If yes, please give details of your highest degree below:  (Please select the most relevant one) | **Yes:** | **No:** |
| Name of Qualification and Subject |  | |
| Institution Name |  | |
| Month/Year Awarded |  | |
| **Do you have a teaching qualification?**  If yes, please give details below:  (Please select the most relevant one) | **Yes:** | **No:** |
| Name of Qualification and Subject |  | |
| Institution Name and location |  | |
| Month/Year Awarded |  | |

6: English Language Teaching Experience

Please give your most recent relevant experience, up to a maximum of three roles

|  |  |  |  |
| --- | --- | --- | --- |
| **When did you start teaching?** | **Month/Year:** | **Are there any gaps in your teaching?** | **From(Month/Year):**  **To(Month/Year):** |
| **Date** (Month /Year) | **Employer** (Name / Location) | **Duties** (include details of ages, levels and nationalities taught) | |
| From: |  |  | |
| To: |
| From: |  |  | |
| To: |
| From: |  |  | |
| To: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Hours Experience as an EFL/ESOL Teacher**  **(Delete the ones that are not appropriate)** | Less than 1800 | Between 1800 and 3000 | More than 3000 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Centre Name** |  | **Centre Number** |  |

NOMINEE DECLARATIONS

You will be asked to sign a declaration stating the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I give permission for Cambridge English to make recordings of Speaking tests and quality assurance events in which I participate as part of my role as a Speaking Examiner, and to make copies or transcriptions of such recordings. I understand that the recordings will be used only for the following purposes:  a) analysis for research and validation internally within Cambridge English, including second marking and examiner monitoring for quality control;  b) externally by approved researchers, subject to strict conditions consistent with accepted research practice in the field, who may make manual or electronic copies;  c) parts of recordings or parts of transcriptions may be used for TL and SE induction, training, certification and monitoring events and activities and for presentation at professional development events such as training seminars and conferences. I hereby waive any right to be identified as the author of the work. | | I agree that if approved as a Cambridge English Speaking Examiner, I will comply with all requirements for examining conduct, confidentiality and co-operation as set out in the relevant *Instructions to Speaking Examiners* and *Guidance and Code of Practice for Speaking Examiners and Team Leaders*.  I am able to access the internet routinely via broadband connection. | | | | | |
| **Signature / Name of Nominee:** |  | Day | Month | Year |

**Note: This hand signed declaration should be stored securely at the centre at all times and may be checked and verified during inspections.**