

MINISTRY OF EDUCATION DIVISION OF EDUCATIONAL RESEARCH AND EVALUATION (D.E.R.E) Telephone 624-2145 / 623-8464 / 627-9877

<u>Application for Runner at National Examinations</u> (National Test and National Certificate of Secondary Education)

Name:			
(First)			(Last)
Address:			
Telephone:	Mobile:	H	Email:
1			
Date of Birth:			
(Day)	(Month)		(Year)
Gender: Female	N	Iale	
Are you still attending s	econdary school?	Yes	No
If yes, fill in the followin	g:		
Name of school:			
Address of school:			
Telephone:		Fax:	
Highest level of Educati	on: (e.g. Primary Scho	ool Leaving, CS	EC, CAPE etc.)
Experience working wit (<i>Check all that apply</i>)	h Ministry of Educatic	on (National Te	sts/NCSE/CXC).
Have you worked before	e? Yes	N	бо
Test(s): Nationa	al Test	NCSE	CXC (CSEC/CAPE)
No. of years:	2	years	More than 2 years
Signature:		D	Pate:

Please complete and submit by 5th June 2009 to: Ministry of Education, Division of Educational Research and Evaluation, 18 Abercromby Street (1st Floor), Port of Spain.