

ENROLMENT AS A MEMBER SUPERVISOR OF AAT SRI LANKA

(Information in this form will be treated in strict confidence)

01. Personal Information

Name with Initials	Mr./Ms.																																					
Name denoted by Initials																																						
Date of Birth	D	D	M	M	Y	Y	Y	Y	NIC Number																													
Residential Address																																						
Telephone Number																				Mobile Number																		
E-mail Address																																						

02. For AAT Sri Lanka Members Only

AAT Sri Lanka Membership Category and Number					Members who have not renewed their AAT Sri Lanka membership are requested to renew their membership before applying.				
Date of Admission to Membership	D	D	M	M		Y	Y	Y	Y
Have you renewed your membership up to date	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

03. Present Employment Details

Present Post / Designation																																					
Name of your Employer																																					
Official address																																					
Office Telephone Number	(i)														(ii)																						

04. Academic/Professional Qualifications

University/ Institution	Qualification Obtained	Year of Completion	Medium

05. Language Proficiency :

Language	Reading				Writing				Speaking			
	Very Good	Good	Average	Poor	Very Good	Good	Average	Poor	Very Good	Good	Average	Poor
Sinhala												
English												
Tamil												

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06. Preference of the location of Examination Centre: (Please ✓)

Colombo	<input type="checkbox"/>	Kurunegala	<input type="checkbox"/>	Matara	<input type="checkbox"/>	Ratnapura	<input type="checkbox"/>	Polonnaruwa	<input type="checkbox"/>	Kandy	<input type="checkbox"/>
Batticaloa	<input type="checkbox"/>	Badulla	<input type="checkbox"/>	Anuradhapura	<input type="checkbox"/>	Galle	<input type="checkbox"/>	Gampaha	<input type="checkbox"/>	Jaffna	<input type="checkbox"/>
Ampara	<input type="checkbox"/>	Kalutara	<input type="checkbox"/>								

07. The availability of your own transport for the assignment:

YES NO If Yes, Type of the Vehicle Car, Van Etc.

08. Desired mode to receive communications by AAT Sri Lanka

Email If so, Pls write your email address here By Post

09. Declaration by Applicant

I hereby declare that;

- i. The particulars given by me on above are true and correct
- ii. Members of my family or in my house hold are not appearing for any AAT Sri Lanka Examinations
- iii. I do not teach at any private Educational Institution conducting classes for AAT Sri Lanka Examinations, and I am not involved in coaching AAT Students
- iv. If enrolled as a member supervisor, I will maintain the confidentiality expected of me as a member supervisor, of AAT Sri Lanka.

Date

Signature

Eligibilities to be Member Supervisor of AAT Sri Lanka Examinations
[Effective from the year 2015 July Examination]

- 1. Who can apply** - **Only** AAT Members
- 2. Pre-requisite**
 - Renewal of Membership shall be **up-to-date** by closing date.
 - Admission to the membership shall be at least **2 years before** the closing date
 - CPD earned **per annum** shall be at least **10 for immediate past 2 years**
 - Designation at present employment shall be in the capacity of **Executive or equal**
 - Speaking, Writing and Reading of Sinhala and English Languages shall be **compulsory** and the fluency of **Tamil will be an added qualification**
- 3. Important** - With the objective of granting more opportunities for AAT members it has been decided to entertain members to apply **either** Member Supervision **OR** Evaluation.
- 4. Retirement** - Either by **reaching age 60 years** OR by involving as Member Supervisor of AAT Examinations for **10 consecutive Examinations** (which ever reaches first).
- 5. How to send the application** - Duly filled application shall be handed over to the Examination Division **Personally** or sent by **Registered post** with the title of "Enrollments as Member Supervisor" at the top left corner of the envelope.

10. Office Use Only

Status of Membership: Active Non-Active Recommendation: YES NO

CPD Earned 1st Year 2nd Year

Signature (Head of the Reg. Div) Date

Compliance to criteria: YES NO If No Reason Selection: YES NO

Centre allocated Exam Signature Date