EXPRESSION OF INTEREST FORM

**Exam Invigilation Panel**

**Please complete the details below:**

Information given will be used only for the purposes of this application and will be treated in a confidential manner.

**EXPRESSION OF INTEREST FORM - INSTRUCTIONS FOR COMPLETING**

* Please email the completed Expression of Interest Form and a copy of your CV to [hr@kingsinns.ie](mailto:hr@kingsinns.ie), to arrive **not later than 5 pm (Irish time) on Friday, February 3, 2023.**

**Please Note:**

* The expression of interest form must be completed in full.
* Incomplete forms will not be accepted. Please ensure that you include all relevant information in your expression of interest form and include your CV.
* **King’s Inns doesn’t accept late applications.** The time at which King’s Inns receives the e-mail is definitive.

**PROCEDURE FOLLOWING APPLICATION**

* Following receipt of initial evaluation of expressions of interest and CVs, King’s Inns may invite applicants to an information session and/or meeting as part of the process.

**PLEASE INCLUDE AN UP TO DATE CV WITH THIS FORM**

1. **FULL NAME DATE**
2. **CONTACT DETAILS**

ADDRESS

TELEPHONE(S)

EMAIL ADDRESS

DATE OF BIRTH

1. **HAVE YOU INVIGILATED IN KING’S INNS PREVIOUSLY? IF YES, PLEASE INDICATE THE MONTH/YEAR LAST WORKED:**
2. **HAVE YOU INVIGILATED IN ANOTHER IRISH INSTITUTION? IF YES, PLEASE INDICATE THE NATURE OF THE INVIGILATION, THE INSTITUTION, AND THE PERIOD LAST WORKED:**
3. **HAVE YOU EVER ACTED AS A READER/SCRIBE IN PREVIOUS INVIGILATING? IF YES, PLEASE DESCRIBE (INCLUDING NAME OF INSTITUTION AND DATES):**

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1. **HAVE YOU EVER ACTED AS INVIGILATOR WHERE REASONABLE ACCOMMODATION MEASURES WERE REQUIRED FOR STUDENTS? IF YES, PLEASE DESCRIBE:**

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1. **PLEASE PROVIDE DETAILS OF ANY OTHER RELEVANT INFORMATION FOR THIS ROLE. (300 WORDS MAX).**

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* Successful applicants will be required to attend an invigilator training session. Details to be provided.
* Please note the above information is required as successful applicants’ details will be stored on King’s Inns data system for the duration of the panel.

**I CONFIRM THAT BY SUBMITTING THIS EXPRESSION OF INTEREST FORM THAT:**

* I wish to be considered for a position on the panel of Invigilators and if successful, consent to my details being added for the duration of the panel.
* I declare that I am of good character and am not aware of any reason as to why I would not be suited to this position.
* I do not know, or am not aware, of any conflict or potential conflict of interest, which would prevent my placement on the King’s Inns panel of Invigilators.
* I certify and declare that the information given on this form and my CV is accurate and complete.

**Digital Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that all personal data shall be treated as confidential in accordance with our [Data Protection Statement](https://www.kingsinns.ie/dataprotection).