

LAMDA Examinations Examiner Application Form

From November 2018

LAMDA 155 Talgarth Road London W14 9DA

Telephone: +44 (0)208 834 0530 Email: exams@lamda.ac.uk Web: www.lamda.ac.uk



Personal Details						
Full Name and Title:						
Address:						
Telephone Number(s):						
Email:						
Please indicate 'Yes' or 'No' for the following statements:						
I have a current driving licence	Yes	No				
I have my own transport	Yes	No				
I have access to the internet	Yes	No				
I own a personal and secure email account	Yes	No				
Health and Fitness Please indicate your general fitness level and any condition which may prevent you from undertaking long examining sessions or journeys.						
Academic Qualifications (Higher/Further Education)						
Qualification Name: Awarded By: Class/Grade Achieved: Date Awarded: Subject/Specialist Areas:						
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Industry/Professional/Technical Qualifications
Qualification Name:
Awarded By:
Date Awarded:
Qualification Name:
Awarded By:
Date Awarded:
Date Awarded.
Qualification Name:
Awarded By:
Date Awarded:
Qualification Name:
Awarded By:
Date Awarded:
UK Qualified Teacher Status (QTS) or Equivalent
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Do you hold UK Qualified Teacher Status or equivalent? Yes No
If you hold QTS please detail your QTS number here:
If you hold an equivalent teaching qualification, please detail it here:
Please provide photocopies of your relevant qualifications with this application form
Teaching Experience
Please detail your teaching/coaching experience to the present day, including schools and private teaching:



Teaching Experience Continued

Please indicate by circling 'Yes' or 'No' which subjects you have the qualifications and/or experience to examine:

Yes No Speaking Verse and Prose Yes No Reading for Performance Yes No Speaking in Public Yes No Acting Yes No **Devising Drama** Yes No Miming **Musical Theatre** Yes No Yes No Shakespeare Yes No **PCertLAM**

Familiarity with the LAMDA Examinations Syllabuses

Please detail how long you have been teaching the LAMDA syllabuses. Please include where your learners are usually entered for examination, their ages and the specific subjects taught.

Yes

No

Assessment Experience

ESOL/EFL

Please detail any other Speech and Drama and/or English Language Awarding Organisations for whom you have previously examined or are currently examining with:



Experience of Other Syllabuses				
Experience of Other Syllabuses				
Please provide details of any other relevant syllabuses you currently teach or have taught e.g. GCSE, BTEC, A Level etc.				
Experience Developing Qualifications/Assessment Methodology				
Please detail any experience you have had in developing qualifications and/or with developing assessment methodology (internal or external):				
Personal Statement				
Please briefly describe your suitability for applying for this position. Please make specific reference to the examiner job description when describing your suitability for the role.				



Availabi	lity						
Please indicate the days of the week on which you would be available to examine for LAMDA:							
MON	TUES	WED	THURS	FRI	SAT	SUN	
The minimum contract requirement for this role is 20 days per academic year. Examiners must be available to provide the required 20 days of examining during the following months:							
November March April May June July	er						
Please tick here to confirm that you are available to examine a minimum of 20 days during the months detailed above							
Please st	tate the nu	mber of d	ays annually	that yo	ou are ab	ole to offer for examining:	
Please p	rovide furth	ner inform	ation if any o	of the ur	navailabl	le days are flexible	
Would you be available to examine at short notice?							
Reference	ces						
Please give the names and contact details of two referees to support your professional suitability for the role (references will be taken up following training):							
Referee	1			Refe	eree 2		
Full Nam	e:			Full	Name:		
Occupati	on:			Occ	upation:		
Address:				Add	ress:		
Telephor	ne:			Tele	phone:		
Email:				Ema	ail:		
Declarat	ion						
I certify that the information I have provided on this application form is true.							
Sign Nan	Sign Name:						



Print Name:	
Date:	