DEPARTMENTAL TEST SUPERVISOR APPLICATION FORM
PROVINCIAL PILOT TESTS

PLEASE PRINT CLEARLY if filling in a paper copy of this form for mailing or faxing.

NOTE: *If filling in this form online, use the tab key to move from one field to the next.*

Date of Application: _____
Month/Day/Year

Name: ☐ Ms. ☐ Mrs. ☐ Mr. _____ _____
First Name *Last Name*

Home Address: _____ _____ _____
Street Address *City/Town* *Postal Code*

Email: _____

Home ☎ No.: _____ **Other ☎ No.:** _____ **Fax No.:** _____

Language of Correspondence: ☐ English ☐ French

Are you bilingual (English/French)? ☐ Yes ☐ No

Current Status: (☒ *all that apply*) ☐ Contract Teacher ☐ Retired ☐ Substitute ☐ On leave
☐ Other (*please specify*): _____

Teaching Experience:

Last School: _____

From: _____ **To:** _____
Month/Day/Year *Month/Day/Year*

Grades: ☐ Early ☐ Middle ☐ High School

Programs: ☐ English ☐ French Immersion ☐ Français

Subject Speciality: ☐ Mathematics ☐ English Language Arts ☐ French Language Arts
☐ Other (*please specify*): _____
_____
_____

Note:

- Departmental Test Supervisors require a vehicle.
- Departmental Test Supervisors will be paid for personal time spent on test-related activities as well as travel and accommodation expenses, where applicable.

PLEASE RETURN THIS FORM BY MAIL, FAX, OR EMAIL TO:

Instruction, Curriculum and Assessment Branch
Assessment Unit
1567 Dublin Avenue
Winnipeg MB R3E 3J5
Fax: 204-948-2442
Email: linda.brennan@gov.mb.ca