
DEPARTMENTAL TEST SUPERVISOR APPLICATION FORM
PROVINCIAL STANDARDS TESTS—PILOTS

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: Contract Teacher Retired Substitute On leave
(all that apply) 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
