

Application to Serve as a Special Writing Centre Supervisor 2018–2019



1. Student Information

STUDENT'S ALBERTA
STUDENT NUMBER

STUDENT'S FIRST
NAME AND SURNAME

2. Applicant's Name and Contact Information at the Proposed Special Writing Centre

First Name _____ Last Name _____ Title/Role in the Organization _____

Name of Institution or Organization Where Employed _____ Type of Institution or Organization _____

Building Name (If applicable) _____ Office/Room Number _____ Street Name and/or Number _____

Town/City _____ Province/State _____ Country _____ Postal or Zip Code _____

Telephone Number _____ Email Address _____

- A letter from my employer, on official business letterhead, confirming my employment status and authorization to serve as a Special Writing Centre Supervisor, if approved by Alberta Education, is attached

3. Confirmation of Ability to Serve as a Special Writing Centre Supervisor

- I fluently read and write the language of the diploma exam(s) to be administered (English and/or French, depending on the diploma exam)

- I have read and understand the directives, rules and procedures associated with the establishment and writing of a diploma exam at a Special Writing Centre

I have reviewed the diploma exam schedule for the administration in which the student is proposed to write and will be available to:

- identify and tentatively procure an appropriate site for the administration of diploma exams
 administer the diploma exam(s) in accordance with the diploma exam schedules, directives, rules and procedures specified in this Bulletin
 administer the diploma exams utilizing Quest A+ with proficiency

4. Proposed Special Writing Centre Site Information

Detailed description of the room where the diploma exam(s) would be **securely and appropriately administered** (include room or office number):

- Photograph(s) of the proposed **secure diploma exam writing room** are attached
 A letter from my employer, on official business letterhead, authorizing the use of the proposed spaces for Special Writing Centre purposes, and confirming their tentative procurement for the dates and times required for that use, is attached

First Name and Surname of Person Authorized to Approve the Use of This Space _____

Title/Role in the Organization _____

Telephone Number _____

Email Address _____

Applicant's Declaration:

- I am currently employed at the location that is proposed to serve as a Special Writing Centre
 I have read the diploma exam rules, directives, guidelines and procedures and affirm that I am willing and able to honour and enforce them
 I have read the *Special Writing Centre Directives and Rules* and affirm that I am willing and able to honour and enforce them
 I am not a relative or friend or past or present teacher or coach of the student and I have no other personal relationship with the student and/or his or her family
 I am not a relative or friend of, and have no other personal relationship with the persons who have provided letters of confirmation in support of this application
 The information on this form is accurate and complete

Applicant's Signature _____ Date: _____

The personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma exam(s) at a Special Writing Centre. It will be treated in accordance with the privacy protection provision of Part 2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at (780) 643-9157.

Special Cases and Accommodations team, Alberta Education
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