## **Application to Serve as a Special Writing Centre Supervisor** 2023–2024

(Please PRINT/TYPE)

		Student Fir	st Name and Surname Nam	ie	
Applicant's Name	and Contact Inforr	nation at the	Proposed Sp	pecial Writing	g Centre
First Name	Surname Name			Title/Role in the Or	ganization
Name of Institution or Organization W	Vhere Employed	Туре	of Institution or Organization	1	
Building Name (If applicable)		Office/Room Number	r Street Name and/or Nu	ımber	
Town/City	Province/State	Cou	ntry		Postal or Zip Code
Email Address					
	bility to Serve as a	•	•	•	g on the diploma exa
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Alberta Student Number		Student Name		
Αŗ	oplicant's Declaration:			
	I am currently employed at the local	ation that is proposed to serve as a Special Writing Centre		
	I have read the provincial assessment and Special Writing Centre rules and procedures and affirm that I am willing and able to honour and enforce them			
	I have read and understand the rules and procedures associated with the establishment and writing of provincial assessments at a Special Writing Centre			
	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 acc	urate and complete		
Λ.	policant's Signature	Data		

The personal information collected through the *Application to Serve as a Special Writing Centre Supervisor* form is collected for the purpose of establishing a writing centre outside of Alberta and the administration and writing of diploma exams at this writing centre. This personal information collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of personal information, you may contact Exam Administration Branch toll free 780-310-0000 or by email at exam.admin@gov.ab.ca.

This form must be submitted to: Special Cases and Accommodations Team, Alberta Education Email this form and direct all questions to: <a href="mailto:special.cases@gov.ab.ca">special.cases@gov.ab.ca</a> using the subject line: <a href="mailto:swc Last Name">SWC Last Name</a>, First Name ASN – your school code and school name (e.g., Headroom, Max 123456789 – 9999 - Ben Hur High School).

