

Electrotechnical Certification Scheme

Health and Safety Assessment

Invigilation Statement

The candidate should complete the following details before starting the assessment to ensure any documentation (e.g. certificate) that may be produced is accurate and sent to the correct address. Please write in **CAPITAL LETTERS AND BLACK INK** to ensure accuracy and avoid any charges for a replacement certificate.

Title (please cross) Mr Mrs Miss Ms Other

Name

N.I. Number Date of Birth / /

House No Address

Post Code

Email address:

The JIB is committed to equal opportunities and monitors applications for ECS Cards. The information provided below is held internally by the JIB for monitoring purposes only. It is held separately from your application and is not passed to employers or any third party.

Your ethnic origins

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. White | <input type="checkbox"/> 6. Asian - Pakistani | <input type="checkbox"/> 11. Mixed - White & Black African |
| <input type="checkbox"/> 2. Black Caribbean | <input type="checkbox"/> 7. Asian - Bangladeshi | <input type="checkbox"/> 12. Mixed - White & Asian |
| <input type="checkbox"/> 3. Black African | <input type="checkbox"/> 8. Chinese | <input type="checkbox"/> 13. Other mixed background |
| <input type="checkbox"/> 4. African Caribbean | <input type="checkbox"/> 9. Other Asian background | <input type="checkbox"/> 14. Other ethnic background |
| <input type="checkbox"/> 5. Asian - Indian | <input type="checkbox"/> 10. Mixed - White & Black Caribbean | <input type="checkbox"/> 15. Prefer not to say |

Nationality

Data Protection Act 1998: I understand processing of my personal information will take place in accordance with the Data Protection Act and that this is required to process my assessment result and for statistical and research purposes.

Please Tick one of the following:

I confirm that I have been made aware of the ECS Assessment Questions Database and have received the minimum revision time (10 days is the minimum suggested)

I confirm that I am willing to sit the assessment without the suggested minimum revision time.

Signature Date / /

The information in this box should be completed by the Invigilator before returning the statement to the JIB. Assessments will not be verified or certification issued until a corresponding Invigilation Statement is received.

Invigilator Name

Invigilator No. / Assessment Date / / Score

Name of TVI file (Workstation version only)

Type of ID Seen Driving Licence Passport ECS Card Other Assessment No.

Please specify other ID type Assessment Type Electrical Visitor

Invigilator Signature

The following boxes are for use by JIB staff

Processed by (initials) Date Processed / /

Please post this Invigilation Statement to: ASLEC, Highdown House, Littlehampton Road, Ferring, West Sussex, BN12 6PG, or alternatively email: jibtest@highwayelectrical.org.uk. **Please scan at not less than 300dpi. Do Not Fax.**

