



Exam Supervisor Nomination Form

If a learner is unable to attend a scheduled exam session, they may nominate a pre-approved exam supervisor. To do this please complete this form and send it to admin@adviserlink.co.nz. Supply all details in full. No exclusions to restrictions will be made.

Restrictions

The exam supervisor must not:

- be a relative of the exam learner
- live at the same address as the exam learner
- be currently completing the same course material
- be a direct superior of the exam supervisor.

The exam supervisor must be:

- 18 years or older.
- able to monitor the exam learner for the entire duration of the exam.

Exam learner details

Learner's personal details			
Full name			
Course name		Proposed exam date	

Supervisor contact details (*Please complete this section fully*):

Applicant's (Supervisor) Personal Details			
First name		Company name	
Last name		City location	
Physical address			
Email		Job title	
Telephone	(work)	(mobile)	Male <input type="checkbox"/> Female <input type="checkbox"/>

Referee for Verification

Provide the details of a referee who can verify the details supplied.

Referee Personal Details			
First name		Company name	
Last name		Job title	
Email		Telephone	

Privacy statement

Adviserlink's collection, use, and disclosure of personal information is governed by the Privacy Act 1993. The full privacy statement is available on the Adviserlink website: www.adviserlink.co.nz

Supervisor signature: _____ Date: _____