

## Exam Nomination Form

Learners are required to undertake an examination assessment, including exam re-attempts within nine weeks from the course enrolment date. Supervised exam dates are scheduled in **Auckland** and **Wellington** on the last Friday of every month.

In the event where a learner cannot attend this scheduled exam session, they may choose to nominate a pre-approved Exam Supervisor. To nominate a supervisor, please complete details in full below and return to Adviserlink by fax **(09) 471 1016** or by scan-email to [training@adviserlink.co.nz](mailto:training@adviserlink.co.nz)

### Exam Supervisor Eligibility Criteria

1. The exam supervisor must be over 18 years of age and be able to monitor the exam candidate for the entire duration of the exam.
2. The exam supervisor must not reside at the same address as the exam candidate and cannot be currently enrolled for the same area of study.
3. The exam candidate cannot be a direct superior of the exam supervisor and cannot be a relative of the exam supervisor.

### Exam candidate details:

Full Name(s):

Course Name:

Proposed Exam Date:

Enrolment No:

### Supervisor contact details - please complete this section fully:

First Name:

Last Name:

Company Name:

City/Location:

Physical Address:

Email:

Job Title:

Telephone: (w)

### Referee to validate Exam Supervisor nomination:

First Name:

Last name:

Company Name:

Job title:

Email:

Telephone: (w)

### Payment

**Total**

Please debit my:  Visa  MasterCard

Card No.:

Card Holder's Name: (please print) \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

### Declaration

I declare that all the information provided above is true and correct and that I have read and agree to be bound by the terms and conditions contained in the Student Handbook located which is available at [www.adviserlink.co.nz](http://www.adviserlink.co.nz). I understand that the above Course Prices are exclusive of ETITO fees and charges which I am responsible for paying all. I also grant Adviserlink consent to email me information in relation to its products and services and to use my course feedback and any information collected during my studies in marketing, Course content and high level reporting to my Association and Group.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_