

Application to Serve as a Distance Learning Special Writing Centre Supervisor 2011–2012

For Office Use Only	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Signature _____	SWC# _____
SWCE# _____	SWCS# _____

1. Student Information

STUDENT'S ALBERTA STUDENT NUMBER

STUDENT'S FIRST NAME AND SURNAME

2. Proposed Diploma Examination Session for Which This Request Applies (Month/Year) _____

3. 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.

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

- I fluently read and write the language of the examination(s) to be administered (English and/or French, depending on the examination)
- I have read and understand the directives, rules, and procedures associated with the establishment and writing of a diploma examination at a Special Writing Centre

I have reviewed the diploma examination schedule for the session in which the student is proposed to write, and will be available to:

- receive all diploma examination materials in the two week period prior to the scheduled diploma examination date
- administer the designated examination(s) on the officially scheduled day(s) and time(s)
- package and return all diploma examination materials to Alberta Education, as per the published deadlines for those returns

5. Proposed Writing Centre

Space that will enable the secure and appropriate storage and administration of diploma examinations is available at the proposed Special Writing Centre Supervisor's place of employment, which is identified above

Detailed description of the proposed **secure storage site** (include room or office number):

Photograph(s) of the proposed **secure storage site** are attached

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

Photograph(s) of the proposed **secure examination 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

Student Name: _____ Student ASN: _____

6. Proposed Shipping Plan

The following courier has confirmed that they are able to **deliver** diploma examinations from Alberta Education (Edmonton, Alberta) to the proposed Special Writing Centre Supervisor at the Special Writing Centre address provided above:

- DHL FedEx Purolator

The following courier has confirmed that they are able to **pick up** diploma examinations from the proposed Special Writing Centre address provided above, for **pre-paid** delivery, to Alberta Education (Edmonton, Alberta):

- DHL FedEx Purolator

Please rewrite your name and address in the space below, **as it should appear on the shipping labels**, to ensure secure and timely delivery of the diploma examination materials to the proposed Special Writing Centre:

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 Examination Rules* and affirm that I am willing and able to honor and enforce them
- I have read the *Special Writing Centre Directives and Rules* and affirm that I am willing and able to honor 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 examination(s). 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 780-427-0010 (to be connected toll-free within Alberta, first dial 780-310-0000).

All **original signed** forms and documents **must be forwarded to and received by** Special Cases and Accommodations for the application process to be completed. While those signed documents are being forwarded, **scanned or digital copies** may be sent, by e-mail or fax, as interim working versions.

This form **must be attached** to a completed *Application to Establish a Pre-Approved Distance Learning Special Writing Centre* form before being forwarded to Special Cases and Accommodations.

Special Cases and Accommodations, Alberta Education
44 Capital Blvd, 10044 – 108 Street
Edmonton AB T5J 5E6

special.cases@gov.ab.ca
Phone: (780) 427-0010 Fax: (780) 422-4889
To be connected toll-free within Alberta, dial 310-0000