



# Nature Care College

## DISTANCE LEARNING EXAMINATION

### Supervisor's Form

#### External Examination Supervisor Policy

If you are unable to sit the final exam at Nature Care College and need to undertake the exam externally, please complete this form and return it to the College at least three weeks prior to the examination date. All supervisor requirements must be met.

Please note that if the form is not received by the College within the indicated time, you may be ineligible to sit the exam and may need to wait until the next exam time (Week 12 of the following term).

#### Supervisor's Declaration

I, \_\_\_\_\_ declare that

- (1) I am not enrolled as a student and no member of my family who resides with me is enrolled as a student at Nature Care College.
- (2) I am not related (by marriage or birth) to the student sitting the exam.
- (3) I am able to provide suitable security for all examination papers (e.g. safe, locked steel cabinet, bank deposit box) to prevent unauthorised access to the examination papers prior to the examination date.
- (4) I am a suitable person as defined by Nature Care College (please tick appropriate box).

- **Employer of Student**
- **Justice of the Peace**  
(Not applicable for overseas students)
- **Medical Practitioner**  
e.g. Doctor, Dentist, Naturopath,  
Herbalist, Homoeopath
- **Teacher**
- **Principal**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN OVER . . .**

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**Personal Details of Supervisor:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal Address (other than a P.O. Box): \_\_\_\_\_  
\_\_\_\_\_

Phone/s: (W) ( ) \_\_\_\_\_ (Mob) \_\_\_\_\_

Facsimile: ( ) \_\_\_\_\_

Qualifications: \_\_\_\_\_

Employer: \_\_\_\_\_

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**Student being Supervised:**

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

1. Course Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Course Code: \_\_\_\_\_

2. Course Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Course Code: \_\_\_\_\_

3. Course Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Course Code: \_\_\_\_\_

**Venue**

Prior to nominating a venue, Supervisors are requested to consider the following to determine the suitability of the venue:

- Accessibility to public transport and/or parking
- Noise
- Adequacy of lighting
- Tables and chairs.

**Examination Venue:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_