



Candidate supervision declaration

You must complete this form if you have our permission for a timetable deviation and your candidate is travelling from one centre to another, or candidates require supervision overnight. You do not need to send us this form, but you must keep a copy of the completed form as we may ask to see it at any time.

Before you complete this form, please read the 'What is Full Centre Supervision' section and section 1.2.3 of the *Cambridge Handbook*.

Centre number	<input type="text"/>	Centre name	<input type="text"/>
Candidate number	<input type="text"/>	Candidate name	<input type="text"/>
Syllabus & component code	<input type="text"/>		

Published date of exam (DD/MM/YY)	<input type="text"/>	
Key time for exam (HH:MM)	<input type="text"/>	
Candidate supervision start time	Date (DD/MM/YY)	Time (HH:MM)
	<input type="text"/>	<input type="text"/>
Time of rescheduled exam	Date (DD/MM/YY)	Time (HH:MM)
	<input type="text"/>	<input type="text"/>
Candidate supervision end time	Date (DD/MM/YY)	Time (HH:MM)
	<input type="text"/>	<input type="text"/>

Candidate declaration

I declare that I will not meet or communicate with any Cambridge exam candidate who is not under supervision.

I understand that communication includes any form of electronic communication, for example, telephone, fax, email, text message and the internet. I must not have access to a mobile telephone or any other form of electronic communications device while under supervision.

I will comply with the arrangements made by my exam centre.

Signed (candidate)	<input type="text"/>	Date (DD/MM/YY)	<input type="text"/>
Name	<input type="text"/>		

Supervisor declaration

During supervision, I understand that the candidate must not meet or communicate with any Cambridge exam candidate who is not under supervision. Communication includes all forms of electronic communication, for example telephone, email, text message or the internet.

If a candidate requires transporting from one centre to another, I declare that I will personally collect the candidate from the exam centre at the agreed supervision start time and keep them under my supervision at all times until the agreed supervision end time.

I understand that I must report any suspected breaches of this agreed supervision arrangement immediately to the Head of Centre.

Signed (supervisor)	<input type="text"/>	Date (DD/MM/YY)	<input type="text"/>
Name	<input type="text"/>		

Go to next page to complete the Head of Centre / Cambridge Associate declaration.

Head of Centre/Cambridge Associate declaration

Given the declarations of the candidate and supervisor, I certify that I will do all I can to make sure the conditions detailed above are followed. I will tell Cambridge if any of the conditions above are not followed.

**Signed (Head of Centre/
Cambridge Associate)**

**Date
(DD/MM/YY)**

Name

Guidance notes

Returning this form

Return this form to info@cambridgeinternational.org. Include your centre number and 'Preparation: Form 7 Candidate supervision declaration' in the email subject line. Save a copy of the form for your own records. If you are an Associate Centre and work with us through a Cambridge Associate, please submit this form directly to them.

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