



SUPERVISOR DECLARATION FOR CERTIFICATION EXAMINATIONS

This form is to be completed by those persons who wish to supervise* a Certification Examination for candidates at a secure endorsed workplace setting.

*Please refer to the corresponding Policies & Procedures Manual at <http://www.asmirt.org/certification>

EXAMINATION PARTICIPANT DETAILS

SURNAME	
GIVEN NAMES	

SUPERVISOR CONTACT DETAILS

SURNAME			
GIVEN NAMES			
TITLE: MR/MRS/MS/MISS/OTHER		TITLE/POSITION	
RELATIONSHIP TO PARTICIPANT			
TEL (WORK)		TEL (MOBILE)	
EMAIL			

EXAMINATION VENUE

BUSINESS/ORGANISATION/COMPANY					
ADDRESS					
SUBURB		STATE		POSTCODE	

SECURE EMAIL ADDRESS FOR CORRESPONDENCE*

*Please ensure email address details are complete and address is appropriate for receipt of confidential documents

PRIVATE/BUSINESS (Please tick)		PRIVATE		BUSINESS	
BUSINESS/ORGANISATION/COMPANY					
EMAIL ADDRESS					

SUPERVISOR'S DECLARATION

I, _____, agree to supervise the above candidate for the online examination. If our centre hosts two or more candidates sitting the same modality exam simultaneously in the same examination room, I will be required to implement staggered examination start times. I agree to these conditions and verify that the secure email address provided above is true and correct.

SIGNED		DATE	
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Registered Office:

Suite 1040-1044 (Level 10)
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Australia

Updated June 2026

All Correspondence to:

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To submit via email,

or click on File > Send file. The form will then attach in your email client. Forms can be sent to certification@asmirt.org