



education
 MPUMALANGA PROVINCE
 REPUBLIC OF SOUTH AFRICA

APPLICATION FOR PERMANENT EDUCATOR POST

Mark with an X where applicable:

- | | | |
|---|---|---|
| <input type="checkbox"/> Application for an advertised post | <input type="checkbox"/> Application for first temporary closed employment in the MDE | <input type="checkbox"/> Application for closed pro rata employment in the AET sector |
| <input type="checkbox"/> Application for substitute closed employment | <input type="checkbox"/> Application for transfer from another provincial department | |

Institution/Office: **Circuit:**

NOTES:

- (a) In the case of an application for an advertised post, FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received a formal offer of appointment from the Department and had subsequently assumed duty in the advertised post.
- (b) In the case of an application for transfer from another provincial department, FORM EDU 1 should be accompanied by the conditional approval of transfer from the Head of that provincial department or his/her delegate. FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received formal and final approval of the transfer from the Head of the Mpumalanga Department of Education or his/her delegate and had subsequently assumed duty.
- (c) If EDU 1 is not duly completed, this may result in the automatic disqualification of the application

PART ONE: PARTICULARS OF ADVERTISED POST (only in case of application for advertised post)

- 1. Institution: :
- 2. Post Designation: :
- 3. Date of Vacancy List :
- 4. Post Ref Number :

--	--	--	--	--	--	--	--	--	--

PART TWO: PERSONAL PARTICULARS OF APPLICANT

- 1. PERSAL Number (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 2. SARS Ref Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 2. Identity Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 3. Surname:
- 4. Initials:

--	--	--	--

YEAR				MONTH		DAY	

5. Date of Birth

6. First names:

7. Title:

DR	MR	MS
006	001	066

8. Residential Address :

Complex Number: Complex name:

Street Number: Street name:

Suburb / District:

City Town: Postal code :

9. Dialing code: Phone number:

10. Postal Address:

11. Post Office: Postal code :

12. Magisterial District:

13. Population Group:

BLACK	COLOURED	INDIAN	WHITE
-------	----------	--------	-------

14. Gender:

MALE	FEMALE
------	--------

15. Marital Status:

MARRIED	SINGLE	DIVORCED	WIDOWED
1	2	3	4

YEAR				MONTH		DAY	

16. Marital Status Date:

17. Maiden Surname (if applicable):

18. Previous Marital Surname (if applicable):

19. Home Language: 20. Disabled:

YES	NO
-----	----

21. Citizenship:

YEAR				MONTH		DAY	

22. Citizenships Date:

23. Place of Birth:

24. Passport Number:

25. SPOUSE DETAILS *(only to be completed if applicant is married)*

(a) Maiden Name :

(b) First Names :

(c) Title :

(d) Date of Birth :

YEAR				MONTH		DAY	

(e) Identity Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Occupation :

26. NEXT OF KIN PARTICULARS

- (a) Surname :
- (b) First Names: :
- (c) Relationship :
- (d) Postal Address :
- (e) Post Office :
- (e) Dialing code: : Phone number:

27. PRESENT EMPLOYMENT:

- (a) Employer :
- (b) Institution :
- (c) Salary Notch :
- (d) Rank :
- (e) Bursary Holder :

*YES	NO
------	----
- (f) *Bursary Name (if yes) :

--

28. REGISTRATION WITH SOUTH AFRICAN COUNCIL FOR EDUCATORS (SACE)

- (a) Are you registered with the South African Council for Educators? :

YES	NO
-----	----
- (b) Registration number:
- (c) Registration date :

29. GOVERNMENT EMPLOYEES PENSION FUND (GEPF) (if applicable including previous)

- (a) Membership number:

PART THREE: GENERAL PARTICULARS OF APPLICANT

1. DEPENDANTS:

NAME	SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP

2. LANGUAGE PROFICIENCY:

State the languages you can speak, read and write with an indication of good, fair, poor

LANGUAGE	READ	WRITE	SPEAK

3. QUALIFICATIONS:

SCHOOL ATTENDED	HIGHEST CERTIFICATE OBTAINED	DATE OBTAINED	SUBJECTS PASSED

PROFESSIONAL INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED (DIDACTICS)

ACADEMIC INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED

TECHNICAL INSTITUTION ATTENDED	NTC III ETC	DATE OBTAINED	SUBJECTS PASSED

Number of years apprenticeship :
Date completed :
Agreement number :
Trade :

FIELD OF FURTHER STUDY
.....

PART FOUR: EMPLOYMENT HISTORY

1. Have you ever:

- | | | |
|---|-----|----|
| (a) Been found guilty of misconduct? | YES | NO |
| (b) Been convicted of a criminal offence? | YES | NO |
| (c) Been dismissed from employment? | YES | NO |
| (d) Been granted the Voluntary Severance Package? | YES | NO |
| (e) Retired due to ill health? <i>(recent confirmation letter of the registered medical practitioner pertaining to current health status to be attached)</i> | YES | NO |
| (f) Taken early retirement or resigned from the public service? | YES | NO |

In the event of a "Yes" response to any one of the questions above, a separate report with all the relevant details shall be compiled and attached in order for the Department to consider your appointment as an educator. The information below is also required.

- (g) Date of exit as a result of the event indicated in section 1(a) to (f) above?**
- (h) Department at the time of the event indicated in section 1(a) to (f)?**

- (i) Institution at the time of the event indicated in section 1(a) to (f)?**

2. ATTACHED HERewith THE REQUIRED ORIGINALLY CERTIFIED COPIES *(Not older than 3 months)* OF ALL RELEVANT DOCUMENTS:

- | | |
|------|--|
| i | School Certificate |
| ii | Professional Qualification(s) plus academic transcript(s) |
| iii | Academic Qualification(s) plus academic transcript(s) |
| iv | Certificate(s) of Service |
| v | Identity Document (must be bar coded document) |
| vi | Valid Passport |
| vii | Proof of permanent residence document |
| viii | Marital status certificate(s) (must – apart from "single"- substantiate the status noted under Section 17) |
| ix | SACE Certificate as proof of registration with the South African Council for Educators |
| x | Testimonials |

I DECLARE THAT ALL THE PARTICULARS INDICATED IN THIS DOCUMENT ARE TRUE AND CORRECT.

I UNDERSTAND THAT ANY FALSE OR INCORRECT STATEMENTS WILLFULLY MADE WILL TENDER ME LIABLE TO DISCHARGE ON ACCOUNT OF MISCONDUCT.

SIGNATURE OF APPLICANT

DATE

PART FIVE: RECOMMENDATION AND APPROVAL

Post specific requirements: The educator is deemed suitably skilled to teach the subjects and/or phases as indicated in Table A below, and is therefore recommended for appointment.

Table A: Subjects to be taught (Tutoring Subjects):

Subject(s)	Grades	Phase	Language in which subject(s) will be taught

Appointment of Mr/Ms as (rank) to the advertised Post Noin the Vacancy List dated, is herewith recommended / not recommended.

Transfer of Mr/Msfrom(other education department), is recommended / not recommended.

Appointment of Mr/Ms as a Grade R educator, is herewith recommended / not recommended.

Placement of Mr/Ms, a Bursar from theBursary Scheme is herewith recommended / not recommended.

CHAIRPERSON OF GOVERNING BODY

DATE

HEAD OF INSTITUTION

DATE AND OFFICIAL STAMP

Appointment of Mr/Ms as (rank) to the advertised Post Noin the Vacancy List dated, is herewith recommended / not recommended.

Transfer of Mr/Msfrom(other education department), is recommended / not recommended.

Appointment of Mr/Ms as a Grade R educator, is herewith recommended / not recommended.

Placement of Mr/Ms, a Bursar from theBursary Scheme is herewith recommended / not recommended.

Remarks:

.....
.....

CIRCUIT MANAGER / CES

DATE AND OFFICIAL STAMP

APPROVAL BY DELEGATED OFFICIAL

Appointment of Mr/Ms as (rank) to the advertised Post Noin the Vacancy List dated, is herewith approved / not approved.

Transfer of Mr/Msfrom(other education department), is approved / not approved.

Appointment of Mr/Ms as a Grade R educator, is herewith recommended / not recommended.

Placement of Mr/Ms, a Bursar from theBursary Scheme, is herewith approved / not approved.

Remarks:

.....
.....
.....
.....
.....
.....

NAME OF DELEGATED OFFICIAL

RANK

SIGNATURE

DATE