**GAUTENG DEPARTMENT OF EDUCATION**

**GDE 2R**

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**APPLICATION FOR PROMOTION (PL 2-4), EDUCATION THERAPIST AND LSE POSTS**

1. **NOTES**

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| **WHAT IS THE EMPLOYMENT PROFILE (GDE2R) FORM?**  It is a form to be used by an applicant when applying for an advertised educator promotion and education therapist post  **WHO SHOULD COMPLETE THIS EMPLOYMENT PROFILE (GDE 2R) FORM?**  Only suitably qualified persons wishing to apply for an advertised position in the GDE Institutions.  **ADDITIONAL INFORMATION**  This form requires basic information. Candidates who are selected for interviews will be requested to bring along certified qualifications, ID, SACE, HPCSA certificate and payslip (if from another province).   * This form will be the only form that will be accepted. **NO CV MUST BE ATTACHED** * Headings must not be changed (i.e., 11 headings excluding the declaration) |

1. **PARTICULARS OF ADVERTISED POST**

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| Post Number: **(as stated in the advert)** |  |

1. **PERSONAL PARTICULARS**

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| SURNAME | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME(S) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSAL NO | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I.D. NO. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER  (Male/Female/Other) | | | | | | | | Male | | | | | | | | | | | | Female | | | | | | | |  | | | | | | |
| RACIAL GROUP (For Employment Equity and Statistical Purposes) | | | | | | | | African | | | | Coloured | | | | | | | | Indian | | | | | | | | White | | | | |  | |
| Do you have a disability? | | | | | | | | Yes | | | | | | | | | | | | | | | No | | | | | | | | | | | |
| Are you a South African citizen? | | | | | | | | Yes | | | | | | | | | | | | | | | No | | | | | | | | | | | |
| Do you have a WORK permit / PERMANENT residence permit? | | | | | | | | Yes | | | | No | | | | | | | | If yes, Permit Number/ID | | | | | | | |  | | | | | | |
| Have you been convicted of a criminal offence? (x) (If yes, attach clearance letter) | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| Have you been dismissed due to misconduct? (x) (If yes, attach clearance letter) | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| Have you been convicted in line with the Sexual Offences and Related Act case? | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| Were you previously employed in the public service sector? (x)  **(N/A for current employees)** | | | | | | | | Yes | | | | | | | | | | | | | | | | No | | | | | | | | | | |
| If yes, how was your service terminated? (x) Please indicate date:  \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | | | | | | | | VSP (voluntary severance package) | | | | RESIGNED | | | | | | | | ILL-HEALTH | | | | | | | | MISCON-DUCT | | | | Other (specify) | | |
| Are you professionally registered? - **PLEASE STATE COUNCIL AND NUMBER (e.g. SACE)** Yes/ No | | | | | | | | Yes | No | | | | | Council name and registration number: | | | | | | | | | | | | | | | | | | | | |
| Are you Additional to current Post Establishment? Yes/No (Attach evidence) | | | | | | | | Yes | No | | | | Name of the institution and Province: | | | | | | | | | | | | | | | | Post level (in addition): | | | | | |
| 1. **CONTACT DETAILS** | | | | | | | |  |  | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| Contact number:  ( ) | | | | | | | | | | | Alternative contact number:  ( ) | | | | | | | | | | | | | | | | | | | | | | | |
| Postal Address | |  | | | | | | | | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | |
| Physical Address | |  | | | | | | | | | Fax Number | | | | | | | | | |  | | | | | | | | | | | | | |
| Cell Number | |  | | | | | | | | | E-Mail Address | | | | | | | | | |  | | | | | | | | | | | | | |
| Name and Contact details for next of Kin | |  | | | | | | | | | Relationship | | | | | | | | | |  | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **LANGUAGES** (Specify) | **(example) English** |  |  |  |  |  | | Speak | **x** |  |  |  |  |  | | Write | **x** |  |  |  |  |  | | Read | **x** |  |  |  |  |  | | Teach | **x** |  |  |  |  |  |   **5. LANGUAGES**  **6. QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School/University/College | | | | Qualification(s) | | | | | | | | | | | Subjects/Majors/ Specialisation | | | | | | | | | | | | | | | | | | | |
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| 1. **ADDITIONAL CERTIFICATES OF OTHER COURSES ATTENDED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of course** | | | | | | | | | | | | | | | | **Service provider/Institution** | | | | | | | | | | | | **Duration of course** | | | | | | |
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| 1. **SKILLS: (e.g. MANAGEMENT OR LEADERSHIP AS AN EDUCATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **EXPERIENCE**    1. **CURRENT POSITION OF EMPLOYMENT (IF EMPLOYED BY SGB OR INDEPENDENT SCHOOL OR TVET COLLEGE, PLEASE ATTACH EVIDENCE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department/  Employer | Institution | | | | Learning Areas/Subjects & Grades | | | | | | | | | | | Post Level | | | EXACT DATES IN CURRENT POST | | | | | | | | TOTAL | | | | | | | |
|  |  | | | |  | | | | | | | | | | |  | | | FROM  (M / Y) | | | | | | | | YEARS | | | | MONTHS | | | |
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| **b. PREVIOUS EMPLOYMENT IN EDUCATION (IF EMPLOYED BY SGB ,HIGHER EDUCATION INDEPENDENT SCHOOL OR TVET COLLEGE, PLEASE ATTACH EVIDENCE)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department/  Employer | Institution | | | | Post Level | | Learning Areas and Grades | | | | | | | | | | EXACT DATES | | | | | | | | TOTAL | | | | | | | | | |
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| 1. **EXTRA AND CO- CURRICULAR ACTIVITIES (e.g. Leadership, Administrative and management)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF ACTIVITY | | | | | | ORGANISATION | | | | | | | | | | | | | | | | | | | | DURATION | | | | | | | | |
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| 1. **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | CONTACT DETAILS | | | | | | | RELATIONSHIP | | | | | | | | | | | | | | | | | | | | | | | | |
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