



THE SOUTH AFRICAN COUNCIL FOR EDUCATORS (SACE)

DATA COLLECTION FORM

1. Name: _____
2. Surname: _____
3. SACE Registration No: _____
4. I. D. Number: _____
5. Telephone (w): _____
6. Telephone (h): _____
7. Fax Number: _____
8. Cell number: _____
9. E-mail Address: _____
10. Gender: _____
11. ¹Race _____
12. Name of Your School and Address: _____

13. Location of Your School: Rural / Urban / Township / Informal
Settlement / Ex-Model C
14. Region for Your School: _____
15. District for Your School _____
16. Circuit for Your School: _____
17. Personal Postal Address: _____

¹ For Statistical purposes only

18. Qualifications

First Diploma/Degree: _____

Second Diploma/Degree: _____

Other Postgraduate Qualifications: _____

Un/Underqualified: _____

18 What are your Major Teaching Courses/Area of Specialisation for your first Diploma/Degree?

19 Are you teaching those subjects at school presently? If No, Please Elaborate.

