



South African Council for Educators  
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 email:info@sace.org.za(for enquiries only)

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PAY METHOD					STATUS
PO	CH	CA	EFT	Non Payment	Complete
					Incomplete

## APPLICATION FORM: STUDENT TEACHERS-NON-SA CITIZENS

### ACADEMIC YEAR OF STUDY (TICK ✓ APPROPRIATE BOX)

1st		2nd		3rd		4TH	
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### PERSONAL INFORMATION

Surname: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Y Y M M M M Gender: Male Female Non Binary

Permit No. \_\_\_\_\_

Permit Tpye: Asylum Seekers Permit Refugee Permit Study Permit Work Permit PERMANENT RESIDENCE

Passport No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Y Y M M M M

Postal Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Province: \_\_\_\_\_ Province: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country Of Birth \_\_\_\_\_

Race: African White Coloured Indian Other

Do you have a valid police clearance certificate? Yes No

Have you been convicted of a criminal offence Yes No

If Yes, kindly provide details \_\_\_\_\_

Have you been dismissed from employment or had proceedings against you? Yes No

**QUALIFICATION: MATRIC INFORMATION:**

Name of School	Province/ Country	District	Year Obtained

**TERTIARY QUALIFICATIONS:**

Institution Name	Qualification Name	Year Obtained

**If currently studying towards an educational qualification complete the below section**

Institution Name	Qualification Name	Area of Specialization

**NB: ALL COPIES MUST BE CERTIFIED, STATE TRUE COPY OF ORIGINAL AND THE DATE MUST BE LESS THAN THREE MONTHS AT THE TIME OF SUBMISSION TO SACE.**

**DECLARATION**

**I declare that all information provided (including copies) is complete and correct. I also hereby give SACE permission to check if there are no previous convictions against me by any tribunal. I understand that any false information supplied could lead to my application being disqualified or may lead to my name being removed from the register, and I will subscribe to the Code of Professional Ethics.**

Signature:	Date:
Cell Number:	Work Tel Number:
Email Address:	Home Tel Number:

**NB: Please refer to the SACE website ([www.sace.org.za](http://www.sace.org.za)) for registration requirements when completing this application form.**

**Institutional Liability**

The Council, the Chief Executive Officer (CEO), or any member of the committee and staff member of the Council is not liable for any act performed in good faith in the execution of their duties with the Council.

**An employee of the Council who, in the public interest: -**

- a) Refuses to perform an act
- b) Omits to perform an act; or Informs the Council or other appropriate authority of an act or omission performed by any other person, which act or omission endangers or is likely to endanger the safety or health of the public or fellow employees, shall not be liable for that refusal, omission or information.