

Have you been dismissed from employment or

had proceedings against you?

# South African Council for Educators Private Bag X127 Centurion 0046 Tel: (012) 663 9517/ 0861 007223

No

email: info@sace.org.za (for enquiries only)

**STATUS** 

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																			Inc	omp	lete	;
APPLICATION FORM: PROFESSIONALLY QUALIFIED-NON-SA CITIZENS																						
ACADEMIC YEAR OF STUDY (TICK ✓ APPROPRIATE BOX)																						
1st		2nd									3rd 4TH											
PERSONAL INFORMATION																						
Surname:																						
Maiden Name:																						
First Names	••																					
Title:		Date	of E	Birth	:		Y	,	Y	M	M	M	M	Ge	nder:	Mal	Ф	Femo	ale	No	n Bi	nary
Permit No.													1									
Permit Tpye: Asylum Seekers Permit						Refugee Permit			Study Work Permit Permit				+	PERMANENT RESIDENCE								
Passport No.:						Expiry Date: Y				YY		M	M	N	1	M						
Postal Address:								Physical Address:														
Province:										Province:												
City:									City:													
Postal Code:										Postal Code:												
Nationality:							1	Country Of Birth Indian							Oll							
Race:							Yes				Na	Other   No										
Do you have a valid police clearance certificate?					<b>;</b>	162				INC	NO											
Have you been convicted of a criminal offence									Yes				No	No								
If Yes, kindly provide details																						

Yes

FOR OFFICIALS USE ONLY!!

**PAY METHOD** 

### QUALIFICATION: MATRIC INFORMATION:

Name of School	Province/ Country	District	Year Obtained

#### **TERTIARY QUALIFICATIONS:**

Institution Name	Qualification Name	Area of Specialization	Year Obtained

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.

<b>DECLARATION</b>
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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 (<u>www.sace.org.za</u>) 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.