

South African Council for Educators Private Bag X127 Centurion 0046/ Crossway Office Park, Block 1, 240 Lenchen Avenue, Centurion, 0046 Tel: (012) 663 9517/ 0861 007223

| FOR OFFICIALS USE ONLY!! | | | | | | | | | | | | |
|--------------------------|----|----|-----|-----------------|--|--|--|--|--|--|--|--|
| PAYMENT METHOD | | | | | | | | | | | | |
| PO | СН | CA | EFT | Non- Payment | | | | | | | | |

Note that the registration fee is <u>non-refundable</u>. NB: Please refer to the website (<u>www.sace.org.za</u>) for registration requirements

| | APPLICATION FORM/ UPDATE FORM | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|-------------------------------|------|-------|------|-------|-----|------|--------|--------|-------|----|-------------------|-----------|-----|--------------|------|----------|------------|--|--|--|--|--|
| | PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| Surnam | ne: | | | | | | | | | | | | | | | | | | | | | | |
| Maider Name: | 1 | | | | | | | | | | | | | | | | | | | | | | |
| First Na | mes: | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Y | Y | М | M | D D Gender: | | | | Male | Female | Non Binary | | | | | |
| Title: | | Da | te of | Birt | h: | | | | | | | | | | | | | | | | | | |
| ID Num | ber | | | | | | | | | | | | | | | | | | | | | | |
| Passport/ Permit Nu | | | | | | | | | | | | | | | | | NON SA C | CITIZENS | | | | | |
| Postal A | Address | : | 1 | | | | | | | | | Physical Address: | | | | | | | | | | | |
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| Provinc | :e: | | | | | | | | | | | Province: | | | | | | | | | | | |
| City: | | | | | | | | | | | | City | ': | | | | | | | | | | |
| Postal (| Code: | | | | | | | | | | | Post | | | | | | | | | | | |
| Nation | ality: | | | | | | | | | | | | Co | oun | ntry Of Birl | h | | | | | | | |
| Race: | Africa | n | | | | W | hite | | Со | loure | ed | | | Inc | dian | | Other | | | | | | |
| Do You | Have A | Val | id Po | lice | e Cle | ear | ance | ⊋? | • | | | Yes | II. | | | No | | | | | | | |
| Have Y | ou Beer | n Co | nvict | ed | of a | Cri | imin | al Off | ence |) | | Yes | | | | | | | | | | | |
| If Yes, Kindly Provide Details | | | | | | | | | | | | | | | | | | | | | | | |
| | ou Beer dinas A | | | | rom | Em | ploy | men | t or H | lad | | Yes | Yes No | | | | | | | | | | |

(please complete and sign the back part of the form)

QUALIFICATION: MATRIC INFORMATION:

| Name of School | Province/ Country | District | Year Obtained |
|----------------|-------------------|----------|---------------|
| | | | |
| | | | |

TETIARY QUALIFICATIONS:

| Institution Name | Qualification Name | Area of Specialization for Education qualification | Year Obtained (Not applicable for students) | | | | | | | | |
|-------------------------------|-------------------------|-------------------------------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|--|
| | Student Teachers | | | | | | | | | | |
| If you are currently enrolled | for a teaching qualific | ation, provide informatio | n below | | | | | | | | |
| Institution Name | Qualification Enrolled | Area of Specialization for Education qualification | Year of study | | | | | | | | |
| | | | | | | | | | | | |

ALL COPIES MUST BE CERTIFIED, STATE TRUE COPY OF ORIGINAL AND THE CERTIFICATION DATE MUST BE LESS THAN SIX MONTHS OLD

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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 Conduct of Professional Ethics.

I further declare under oath that I never been convicted of a sexual offence against a child or a mentally disabled person. (In terms of section 46(1), (2) and (3) of the criminal law (Sexual Offence and Related Matters) amended Act, 32 of 2007.

I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

| Cell Number: | | | | | | | | | | | | | | | | | |
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| Email | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | 1 | | | |
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| Signature | | | | | | | | | | | | • | | | | | |

NB: 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.