



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

|                                 |    |    |     |             |
|---------------------------------|----|----|-----|-------------|
| <b>FOR OFFICIALS USE ONLY!!</b> |    |    |     |             |
| <b>PAYMENT METHOD</b>           |    |    |     |             |
| PO                              | CH | CA | EFT | Non-Payment |

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

| APPLICATION FORM/ UPDATE FORM   |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
|---|----------------|--|-------|--|------------------|---|-------------------|---|-------|---|---------|------|----------------------|------------|
| PERSONAL INFORMATION  |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
| Surname:  |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
| Maiden Name:  |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
| First Names:  |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
| Title:  | Date of Birth: |  |       |  | Y                | Y | M                 | M | D     | D | Gender: | Male | Female               | Non Binary |
| ID Number   |                |  |       |  |                  |   |                   |   |       |   |         |      |                      |            |
| Passport/<br>Permit Number  |                |  |       |  |                  |   |                   |   |       |   |         |      | NON SA CITIZENS ONLY |            |
| 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?                                   |                |  |       |  |                  |   | 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      |      |                      |            |

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

