



South African Council for Educators  
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 Tel: (012) 663 9517/ 0861 007223  
 Email: update.centurion@sace.org.za

<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/ 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)

**QUALIFICATION: MATRIC INFORMATION:**

Name of School	Province/ Country	District	Year Obtained

**TERTIARY QUALIFICATIONS:**

Institution Name	Qualification Name	Area of Specialization for Education qualification	Year Obtained

**Student Teachers**

**If you are currently enrolled for a teaching qualification, provide information 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**

**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 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.

By signing this application form, you are giving SACE permission to share your information with employers / prospective employers.

**Cell Number:**

<b>Email Address</b>																										
	<b>Signature</b>		<b>Date:</b>	<b>Y</b>	<b>Y</b>	<b>M</b>	<b>M</b>	<b>D</b>	<b>D</b>																	

**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.