



SACE

South African Council for Educators

Towards Excellence in Education

South African Council for Educators

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REGISTRATION APPLICATION FORM

FOR OFFICIAL USE ONLY!!

PAY METHOD					STATUS	
PO	CH	CA	EFT	N	Complete	
					Incomplete	

PERSONAL INFORMATION

Surname:											
Maiden Name:											
First Names:											
Title:		Date of Birth:	Y	Y	M	M	D	D	Gender	Male	Female

SA Id no/Passport No:											
Postal Address					Physical Address						
Postal Code:					Postal Code:						

Are you a South African citizen?	Yes	No
If no, what is your nationality?		
Do you have valid proof of legal entry?	Yes	No
Do you have a valid police Clearance?	Yes	No
Have you been convicted of a criminal offence or been dismissed from employment or had proceedings against you?	Yes	No
If yes, kindly provide details?		
If your profession or occupation (other than teaching) requires State or official registration, provide date and particulars of registration.		

NB. It is the duty of every registered member to inform Council of any change in information supplied (e.g. Address, status, qualification, etc.)

Name of School/Institution (where you are currently employed)	
Address of School/Institution	
Postal Code:	

QUALIFICATIONS			
Name of School/Technical College	Highest qualification obtained		Year obtained
TERTIARY EDUCATION			
Name of institution	Name of qualification	Specialization	Year obtained
Current study (institution and qualification):			

- **All copies needs to be certified and the certification should not be older than 3 months.**

WORK EXPERIENCE IN THE EDUCATION SECTOR			
Employer (including Current employer)	Position	Phase/Grades	Contact details of school
			Telephone/E-mail

DECLARATION	
<p>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 my deregistration from the roll, and I will subscribe to the Code of Conduct of Professional Ethics.</p>	
Signature:	Date:
Cell Number:	Work tel no:
E-mail address:	Fax Number: