

### **Part A: Educator Information**

1. Title: (Mark with "X")	Mı	•		M	rs		Mi	SS		M	S		Dı	r		Pi	of	Re۱	/
2. Full Names:																			
3. Surname:																			
4. Maiden Name:																			
5. Date of Birth:																			
6. ID/Passport/Refugee No:																			
7. SACE Registration No: *																			
8. Gender: (Mark with "X")																			
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9. Population Group: * (Mark with																			
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10. Nationality (Mark with "X")																			
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11. Contact Details																			
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12. Please indicate al	I the Q	ualific	atio	ns y	ou/	hav	ve k	y m	narl	king	ı n	ext t	to th	em	wi	th "	X".	Ind	icat	e tl	ne
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"Qualification Name)":																					
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GEC, GETC																					
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STD, JPTD												-									
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BA in Education,																							
BSc in Education,																							
BCom in Education,																							
BA, BSc, BComm																							
Or other (specify)																							
Further Diploma in																							
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fields such as Arts,			Cor																				
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Other Qualifications (	Plea	ase	Spe	cify	<i>'</i> )														
Name of																			
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13.	Teach	ing	Ex	peri					: * (	Mar	k with	"X")											1
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14.	Job T	itle:	* (N	1ark							.evel	vher	е ар	plic	able <sub>.</sub>	)							
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15.	Emplo	oym	ent	Sta		_			<b>(</b> ")														•
					T	emp	orary																
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16.	Emplo	oyin	g B	ody																			
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					S	cho	ol Gov	/erni	ng E	<b>Body</b>	(SGE	3)											
					Ir	School Governing Body (SGB) Independent School/Boards																	
next	7. Which Subjects and Grades are you currently teaching? (Indicate Grade, Phase and Subject ext to each other in a list below). NB if you are teaching foundation phase, please indicate all subjects																						
	/iduall	<i>y</i> )																					
Gra	des							S	ubje	ects										Pha	ses	;	
	Are yo																our I	Profe	essi	iona	al		
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Qua	lificat	tion	s (a	s in	dica	ted i	in Qu	estic	on N	lum	ber 12	2)? (	Mari	k wi	th "X	")						No	
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### Part B: School Information

1. Name of School whe	re	you	are	e cı	ırre	ntly	/ er	npl	oye	d:													
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2. Physical School Add	ires	ss:																					
<u>-</u>																							
																	C	ode	:				
3. Province: * (Mark wit	ith "X") Eastern Cape																						
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	Free State Gauteng																						
	Gauteng KwaZulu-Natal																						
	Limpopo																						
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4. District *																						1	
5. Circuit *																							
6. School																							
Phone/Cell No:*																							
5. Type of School: (Mar	k w	ith '	'X")													1	1						
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