

South African Council for Educators Private Bag X127 Centurion 0046 Tel: (012) 663 9517/ 0861 007223

email:info@sace.org.za(for enquiries only)

South African Council for (duca fors				F	PAY	MET	HOD		STATUS									
Towards Excellence in Edu	cation			F	ò		CH	ł		CA	I	EFT	Non Pa	yment	Co	mplete)	
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APPLICATION FORM: STUDENT							NT	TE	AC	HERS	- S <i>i</i>	A CITI	ZENS					
ACADEMIC YE	AR OF	STUD	Y (TI	CK ✓ A	PPR	OPR	RIATE	ВОХ	()									
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PERSONAL INFORMATION																		
Surname:																		
Maiden Name:																		
First Names:																_		
Title:		Date (Of Birl	h:	Y	Y	M	M	M	M	Gend	ler:	Male	Fema	le	Non I	Bino	ıry
SA ID Number:							ı											
Postal Address:		J	1	1					Physical Address:						ı			
Province:				Province:														
City:				City:														
Postal Code:					Postal Code:													
Nationality:								Country Of Birth										
Race:	Africa	n		White		Colc	oured				Indian			Other				
Do you have a valid police clearance certificate?						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							Ye	<u> </u>			No							
proceedings against you?																		

FOR OFFICIALS USE ONLY!!

QUALIFICATION: MATRIC INFORMATION:

Name of School	Province/ Country	District	Year Obtained

TERTIARY QUALIFICATIONS:

Institution Name	Qualification Name	Area of Specialization	Year Obtained				
If currently studying towards an education qualification complete the below section:							
Institution Name	Qualification Name	Area of Specia	lization				

NB: ALL COPIES MUST BE CERTIFIED, STATE TRUE COPY OF ORIGINAL AND THE DATE MUST BE LESS THAN THREE MONTHS AT THE TIME OF SUBMISSION TO SACE.

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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.

Signature:	Date:
Cell Number:	Work Tel Number:
Email Address:	Home Tel Number:

NB: Please refer to the SACE website (<u>www.sace.org.za</u>) for registration requirements when completing the application form.

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.