NOMINATION FOR APPOINTMENT AS TEACHER

THE FORM MUST BE COMPLETED BY THE GOVERNING STRUCTURE AND STAPLED TO THE APPLICATION FORM OF THE NOMINEE

INSTRUCTIONS	
* SURNAME AND INITIALS OF NOMINEE	DATE OF BIRTH
PERSAL-/DEPARTMENTAL REFERENCE NO.	NAME OF SCHOOL/COLLEGE
Post (e.g. Teacher, secondary, Head of Department, primary)	Grading of school
SURNAME AND INITIALS OF PRESENT INCUMBENT IN PO	OST
PERSAL-/DEPARTMENTAL REFERENCE NO	
Date on which post was vacated	Date of commencement of appointment
If temporary appointment, state	
Termination date	Full time YES/NO
If part time, state number of hours per week	
Standards to be taught	Subjects to be taught in secondary post
Cause of vacancy (indicate with X in relevant block)	
Additional post (reference number)	dated
Resignation	
Leave (state type and period)	
Termination of temporary appointment	
Death	
If resignation, indicate reason in relevant block	
Accepted post elsewhere (name of school and province	
Leaving teaching	
Discharge/transfer (No teacher may be discharged or tra	ansferred without prior permission of the Head of Education).
The Principal supports the nomination/does not support t	
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- * IF THE NOMINEE HAS NOT PREVIOUSLY BEEN EMPLOYED BY THIS DEPARTMENT, THE NOMINATION MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION:
- CERTIFIED COPIES OF QUALIFICATIONS; IDENTITY DOCUMENT; IRP2

IF APPLICABLE, THE FOLLOWING DOCUMENTATION MUST ALSO BE INCLUDED:

 COMPLETED HEALTH QUESTIONNAIRE (IF PERMANENT); CERTIFICATES OF SERVICE (IF AVAILABLE); APPLICATION FOR MEMBERSHIP TO MEDICAL AID

LIST OF OTHER APPLICANTS WITH RELEVANT QUALIFICATIONS

(Promotion posts excluded)

Should no other applications have been received, write NONE hereunder.

NAME	AGE	QUALIFICATIONS	PRESENT POSITION		
(State, Dr, Mr, Mrs, Miss)	AGE		RANK	SCHOOL	
The position was advertised in the following issues of List of Vacancies					
Date Advertisement number					
The advertisement was worded as follows:					

Date

Secretary of Governing Structure