

MPUMALANGA DEPARTMENT OF EDUCATION



APPLICATION FOR AN EDUCATOR'S POST

Mark with an X where applicable:

- ☐ Application for an advertised post
 ☐ Application for first temporary closed employment in the MDE
 ☐ Application for closed pro rata employment in the ABET sector
- ☐ Application for substitute closed employment
 ☐ Application for transfer from another provincial department

Institution/Office/ABET Centre:

NOTES:

- (a) In the case of an application for new temporary closed employment, substitute closed employment or closed pro rata employment in an ABET centre, FORM EDU 1 should be accompanied by FORM EDU 4: Notice of Assumption of Duty.
- (b) In the case of an application for an advertised post, FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received a formal offer of appointment from the Department and had subsequently assumed duty in the advertised post.
- (c) In the case of an application for transfer from another provincial department, FORM EDU 1 should be accompanied by the conditional approval of transfer from the Head of that provincial department or his/her delegate. FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received formal and final approval of the transfer from the Head of the Mpumalanga Department of Education or his/her delegate and had subsequently assumed duty.
- (d) In cases of Non-South African citizens, certified copies of passport and permanent residency certificates/valid temporary work permits must be attached.

PART ONE: PARTICULARS OF ADVERTISED POST (only in case of application for advertised post)

1. Institution: :
2. Post Designation: :
3. Date of Vacancy List :
4. Post Number :

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PART TWO: GENERAL PARTICULARS OF APPLICANT

1. PERSAL Number (if any):

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2. SARS Ref Number:

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2. Identity Number:

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3. Surname:
4. Initials:

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YEAR				MONTH		DAY	

5. Date of Birth

6. First names:

7. Title:

DR	MR	MS
006	001	066

8. Residential Address :

Complex Number: Complex name:

Street Number: Street name:

Suburb / District:

City Town: Postal code :

9. Dialing code: Phone number:

Cell Number:

10. Postal Address:

11. Post Office: Postal code :

12. Magisterial District:

13. Population Group:

BLACK	COLOURED	INDIAN	WHITE
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14. Gender:

MALE	FEMALE
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15. Marital Status:

MARRIED	SINGLE	DIVORCED	WIDOWED
1	2	3	4

16. Marital Status Date:

YEAR				MONTH		DAY	

17. Maiden Surname (if applicable):

18. Previous Marital Surname (if applicable):

19. Home Language: 20. Disabled:

YES	NO
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21. Citizenship: (Please attaché written proof)

22. Citizenships Date:

YEAR				MONTH		DAY	

23. Place of Birth:

24. Passport Number:

25. SPOUSE DETAILS (to be completed if applicant is married)

(a) Maiden Name :

(b) First Names :

(c) Title :

(d) Date of Birth :

YEAR				MONTH		DAY	

(e) Identity Number :

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(f) Occupation :

26. NEXT OF KIN PARTICULARS

- (a) Surname :
- (b) First Names: :
- (c) Relationship :
- (d) Postal Address :
- (e) Post Office :
- (e) Dialing code: : Phone number:

27. PRESENT EMPLOYMENT:

- (a) Employer :
- (b) Institution :
- (c) Salary Notch :
- (d) Rank :
- (e) Bursary Holder :

YES	NO
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28. REGISTRATION WITH SOUTH AFRICAN COUNCIL FOR EDUCATORS

- (a) Are you registered with the South African Council for Educators? :

YES	NO
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- (b) Registration number:
- (c) Registration date :

PART THREE: PERSONAL PARTICULARS OF APPLICANT

DEPENDANTS:

NAME	SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP

LANGUAGE PROFICIENCY:

State the languages you can speak, read and write with an indication of good, fair, poor

LANGUAGE	READ	WRITE	SPEAK

QUALIFICATIONS:

SCHOOL ATTENDED	HIGHEST CERTIFICATE OBTAINED	DATE OBTAINED	SUBJECTS PASSED

PROFESSIONAL INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED

ACADEMIC INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED

TECHNICAL INSTITUTION ATTENDED	NTC III ETC	DATE OBTAINED	SUBJECTS PASSED

Number of years apprenticeship :

Date completed :

Agreement number :

Trade :

FIELD OF FURTHER STUDY
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EXPERIENCE:

Teaching experience:

NAME OF DEPARTMENT	INSTITUTION	START DATE	END DATE	CAPACITY

Other experience:

NAME OF EMPLOYER	START DATE	END DATE	NATURE OF EMPLOYMENT

Subjects you are qualified to teach:

(The specific phase of teaching experience should be indicated in the column provided i.e. Foundation, Intermediate, Senior, FET or a combination of the relevant phases)

SUBJECTS	GRADES	PHASE	LANGUAGE IN WHICH YOU CAN TEACH SUBJECT

State qualifications and/or proficiency in the following subjects and extra-mural activities (if applicable):

Subjects

Music :

Song :

Arts & Craft :

Art :

Elocution / concert :

Physical Education :

Choir :

Other :

:

:

Extra-mural activities

Athletics :

Soccer :

Rugby :

Netball :

Hockey :

Other :

:

PART FOUR: EMPLOYMENT HISTORY

1. Have you ever:

(a) Been charged with misconduct?

YES

NO

(b) Been convicted of an offence or of misconduct?

YES

NO

(c) Been dismissed from employment?

YES

NO

(d) Been granted the Voluntary Service Package?

YES

NO

(e) Retired due to ill health?

YES

NO

(f) Taken early retirement?

YES

NO

2. ATTACHED HERewith THE REQUIRED ORIGINALLY CERTIFIED COPIES OF ALL RELEVANT DOCUMENTS:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | i School Certificate |
| <input type="checkbox"/> | ii Professional Qualification(s), plus academic transcript(s) |
| <input type="checkbox"/> | iii Academic Qualification(s), plus academic transcript(s) |
| <input type="checkbox"/> | iv Certificate(s) of Service |
| <input type="checkbox"/> | v ID Document (bar coded) |
| <input type="checkbox"/> | vi Passport |
| <input type="checkbox"/> | vii Valid Work Permit (must cover the period of employment) |
| <input type="checkbox"/> | viii Marital status certificate(s) |
| <input type="checkbox"/> | ix Proof of registration with the South African Council for Educators (provisional certificates to be valid for period of employment) |
| <input type="checkbox"/> | x Testimonials |

I DECLARE THAT ALL THE PARTICULARS INDICATED IN THIS DOCUMENT ARE TRUE AND CORRECT.

I UNDERSTAND THAT ANY FALSE OR INCORRECT STATEMENTS WILLFULLY MADE WILL TENDER ME LIABLE TO DISCHARGE ON ACCOUNT OF MISCONDUCT.

SIGNATURE OF APPLICANT

DATE

PART FIVE: RECOMMENDATIONS AND APPROVAL

☐ Appointment of Mr/Ms as (rank) to the advertised post no in the Vacancy List dated, is herewith recommended / not recommended.

☐ Closed temporary appointment / substitute appointment of Mr/Ms for the period up to, is recommended / not recommended.

☐ Closed pro rata appointment of Mr/Ms in the ABET sector for the period up to, is recommended / not recommended.

☐ Transfer of Mr/Ms from (other education department), is recommended / not recommended.

CHAIRPERSON OF GOVERNING BODY SURNAME AND INITIALS DATE

HEAD OF INSTITUTION / ABET CENTRE MANAGER SURNAME AND INITIALS PERSAL NUMBER DATE

☐ Appointment of Mr/Ms as (rank) to the advertised Post No in the Vacancy List dated, is herewith recommended / not recommended.

☐ Closed temporary appointment / substitute appointment of Mr/Ms for the period up to, is recommended / not recommended.

☐ Closed pro rata appointment of Mr/Ms in the ABET sector for the period up to, is recommended / not recommended.

☐ Transfer of Mr/Ms from (other education department), is recommended / not recommended.

Remarks:

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CIRCUIT MANAGER / CES SURNAME AND INITIALS PERSAL NUMBER DATE AND OFFICIAL STAMP

APPROVAL BY DELEGATED OFFICIAL

- ☐ Appointment of Mr/Ms as (rank) to the advertised post noin the Vacancy List dated, is herewith approved / not approved.
- ☐ Closed temporary appointment / substitute appointment of Mr/Ms for the periodup to is approved / not approved.
- ☐ Closed temporary appointment in the ABET sector of Mr/Ms for the periodup to, is approved / not approved.
- ☐ Transfer of Mr/Msfrom(other education department), is approved / not approved.

Remarks:

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NAME OF DELEGATED OFFICIAL

RANK

SIGNATURE

DATE