

## GAUTENG DEPARTMENT OF EDUCATION

# APPLICATION FOR CONTRACT (TEMPORARY) APPOINTMENT

- Please PRINT
- Mark \* blocks with an X where applicable
- It is compulsory that all sections of the form be completed as honestly as possible where applicable.

### A. INSTITUTION/OFFICE

1. Name Of Institution:				2. EMIS no.			
3. *Region:	Ekudibeng	Johannesburg	Tshwaga	4. District:			
5. PERSAL component number				6. Dialling code/telephone number			

### B. VACANCY

1.*Full Time?		YES	NO	2. Part time (hrs/min)		hrs.	min	
3. Post Requirements:								
4.*Extracurricular?		YES	NO	5. Period of Vacancy: 20 ___/___/___ to 20 ___/___/___				
6.*Forms attached. (Original or copy)		Termination of service		Leave		Staff establishment		OTHER
If OTHER, specify								
7.* Reason for vacancy – (Mark the relevant block and complete the corresponding sub-paragraph below.)				No person recommended for/appointed in post		Recommended incumbent did not accept post.		Post is vacant on new post establishment
If OTHER, specify								

### PARTICULARS OF CURRENT INCUMBENT (leaving the post)

7.3.1. PERSAL No.							
7.3.2 Surname and initials:				7.3.3 Rank designation			
7.4 Select reason and give details							
*7.4.1							
Leave	<input type="checkbox"/>	Specify Type Date: 20 ___/___/___ Reason:					
Resignation	<input type="checkbox"/>						
Promotion	<input type="checkbox"/>						
Secondment	<input type="checkbox"/>						
Transfer	<input type="checkbox"/>	To Institution:					
Other	<input type="checkbox"/>	To Institution:					
		Specify:					

### C – PERSONAL PARTICULARS OF RECOMMENDED INCUMBENT: Attach certified copies of qualifications

1. PERSAL No.								
2. COMPONENT No. of institution were incumbent is to receive salary (If different from A2 (Re-assigned post)								
3. Surname and initials:								
4. ID Number:								
5. Gender		Male	Female	6. Nationality and date.				20 ___/___/___
7. Postal address:								
						Postal code		
8. Dialling code & telephone number				Home:		Work:		
9. Marital status		Unmarried	Married	Divorced	Widow Widower		Applicable Date: ___/___/___	
10. Maiden name If applicable			Home Language			Correspondence Language		
11. Last day of previous appointment, if known ___/___/___								

12. *Nature of new appointment of recommended incumbent	Temporary	Permanent Relief	Special contract	Secondment	37% (appointment less than 6 months)
13. Period of appointment: 20___/___/___ to 20___/___/___			14. If part time: – hrs and min. per week		hrs. min.
*15 Valid Work Permit	*16 Foreign Qualifications	*17 DBE Evaluation of Qualifications Certificate/letter	*18 Reinstatement letter from HOD	*19 Certified Copy of SACE	
20. * Criminal record?	YES	NO	21. * Convicted of any sexual offence		YES NO

22. Language Endorsement (e.g. AE)	23. * Busy with further studies?			YES	NO
24. If YES, give particulars:		25. * Currently on bursary Contract?		YES	NO
27. Number of years teaching experience		Pre-prim:	Prim: (specify)	Sec: (specify)	
28. Qualifications		Prim (specify)	Sec (specify)	Hons (specify)	Masters (specify)
If OTHER, specify					
29. Member of professional society:		Not a member	TO	SAVTBO	TTA

**D – PARTICULARS OF RECOMMENDED INCUMBENT'S SPOUSE**

1. Title	2. Maiden name If applicable	3. First names:												
4. ID number														

**E – DEPENDANTS OF RECOMMENDED INCUMBENT (If registered as breadwinner)**

Surname	First name	Relationship	Date of Birth	Gender		Medical dependent		Tax dependent	
				M	F	Y	N	Y	N
				M	F	Y	N	Y	N
				M	F	Y	N	Y	N

**F – CERTIFICATION OF CORRECTNESS OF INFORMATION**

The undersigned hereby certifies that the information in sections C, D, E & F are correct.

Name in PRINT:

\_\_\_\_\_ 20\_\_\_/\_\_\_/\_\_\_  
SIGNATURE DATE

**G – REMARKS OF HEAD OF INSTITUTION/GOVERNING STRUCTURE**

1. Provisional approval date:	2. Remarks
3. Signature of Head of Institution:	4. Signature of SGB Chairperson (For Cognisance):

**H - REMARKS OF OFFICE**

6. Remarks of HR Provisioning:	Recommended	Not Recommended
<b>Signature of DCES / ASD: HRP:</b>	<b>Date:</b>	<b>Tel:</b>
7. Remarks of DD/ASD: THRS	Recommended	Not Recommended
<b>Signature of DD/ASD:</b>	<b>Date:</b>	<b>Tel:</b>

**I – REMARKS OF DIRECTOR – DISTRICT**

1. * Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>
SIGNATURE	DATE		