



Education
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR AN EDUCATOR POST

Mark with an X where applicable:

☐

Application for an advertised promotional post

☐

Application for closed temporary employment

☐

Application for IIAL Educator employment

☐

Application for transfer from another provincial department

☐

Application for bursary holder Educator employment

☐

Application for Grade R Educator employment

☐

Application for Substitute appointment

Institution/Office: Circuit:

NOTES:

- (a) In the case of an application for an advertised permanent post as well as a closed contract appointment, 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.
- (b) 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.
- (c) If EDU 1 is not duly completed, this may result in the automatic disqualification of the application

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

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

--	--	--	--	--	--	--	--	--

PART TWO: PERSONAL PARTICULARS OF APPLICANT

1. PERSAL Number (if any):

--	--	--	--	--	--	--	--	--
3. SARS Ref Number:

--	--	--	--	--	--	--	--	--	--
4. Identity Number:

--	--	--	--	--	--	--	--	--	--	--	--	--

5. Surname:

6. Initials:

--	--	--	--

7. Date of Birth

YEAR				MONTH		DAY	

8. First names:

9. Title:

DR	MR	MS
006	001	066

10. Residential Address :

Street Number: Street name:

Suburb / District / Town:

Postal code:

11. Contact Details: a) Phone number:

b) E-mail address:

c) Cell phone number:

12. Postal Address:

13. Post Office: Postal code :

14. Magisterial District:

15. Population Group:

BLACK	COLOURED	INDIAN	WHITE
-------	----------	--------	-------

16. Gender:

MALE	FEMALE
------	--------

17. Marital Status:

MARRIED	SINGLE	DIVORCED	WIDOWED
1	2	3	4

18. Marital Status Date:

YEAR				MONTH		DAY	

19. Maiden Surname (if applicable):

20. Previous Marital Surname (if applicable):

21. Home Language:

20. Disabled:

YES	NO
-----	----

22. Citizenship:

YEAR				MONTH		DAY	

23. Citizenship Date:

24. Place of Birth:

25. Passport Number:

26. NEXT OF KIN PARTICULARS

(a) Surname :

(b) First Names: :

(c) Relationship :

(d) Postal Address :

(e) Post Office :
 (e) Dialing code: : Phone number:

27. SPOUSE DETAILS *(only 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 :

--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Occupation :

28. PRESENT EMPLOYMENT:

(a) Employer :

(b) Institution :

(c) Salary Notch :

(d) Rank :

(e) Bursary Holder :

*YES	NO
------	----

(f) *Bursary Name *(if yes)* :

29. REGISTRATION WITH SOUTH AFRICAN COUNCIL FOR EDUCATORS (SACE)

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

YES	NO
-----	----

(b) Registration number:

(c) Registration date :

30. GOVERNMENT EMPLOYEES PENSION FUND (GEPF) *(if applicable including previous)*

(a) Membership number:

PART THREE: GENERAL PARTICULARS OF APPLICANT

1. DEPENDANTS:

NAME	SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP

2. LANGUAGE PROFICIENCY:

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

LANGUAGE	READ	WRITE	SPEAK

3. QUALIFICATIONS:

SCHOOL ATTENDED	HIGHEST CERTIFICATE OBTAINED	DATE OBTAINED	SUBJECTS PASSED

PROFESSIONAL INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED (DIDACTICS)

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

.....

4. EXPERIENCE:

Teaching experience: (service certificate must be attached in case of transfers or appointment after break of service)

NAME OF DEPT.	INSTITUTION	START DATE	END DATE	CAPACITY

Other experience: (service certificate must be attached in case of transfers or appointment after break of service)

NAME OF EMPLOYER	START DATE	END DATE	NATURE OF EMPLOYMENT

Subjects you are able 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 :

Other: :

Extra-mural activities

Athletics :

Soccer :

Rugby :

Netball :

Hockey :

Other: :

PART FOUR: EMPLOYMENT HISTORY

1. Have you ever:

- (a) Been found guilty of misconduct?
- (b) Been convicted of a criminal offence?
- (c) Been dismissed from employment?
- (d) Been granted the Voluntary Severance/compulsory retirement package?
- (e) Retired due to ill health? *(recent confirmation letter of the registered medical practitioner pertaining to current health status to be attached)*
- (f) Taken early retirement or resigned from the public service?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

YES	NO
-----	----

In the event of a "Yes" response to any one of the questions above, a separate report with all the relevant details shall be compiled and attached in order for the Department to consider your appointment as an educator. The information below is also required. If your response is "Yes" to question (b) you are required to obtain a certificate to indicate whether your particulars have been

included in the National register for sex offenders or not – in terms of section 42(2) of the Criminal Law.

(g) Date of exit as a result of the event indicated in section 1(a) to (f) above?

(h) Department at the time of the event indicated in section 1(a) to (f)?

.....

(i) Institution at the time of the event indicated in section 1(a) to (f)?

.....

2. ATTACHED HERewith THE REQUIRED ORIGINALLY CERTIFIED COPIES (Not older than 3 months) 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	Identity Document (must be bar coded document)
<input type="checkbox"/>	vi	Valid Passport
<input type="checkbox"/>	vii	Proof of permanent residence document
<input type="checkbox"/>	viii	Marital status certificate(s) (must – apart from “single”- substantiate the status noted under Section 17)
<input type="checkbox"/>	ix	SACE Certificate as proof of registration with the South African Council for Educators
<input type="checkbox"/>	x	Testimonials
<input type="checkbox"/>	xi	NRSO Clearance certificate in line with Criminal Law Amendment Act 2021 – National Register for Sexual Offenders (https://www.justice.gov.za/vg/nrso.html)

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: RECOMMENDATION AND APPROVAL

Post specific requirements: The educator is deemed suitably skilled to teach the subjects and/or phases as indicated in Table A below, and is therefore recommended for appointment.

Table A: Subjects to be taught (Tutoring Subjects):

Subject(s)	Grades	Phase	Language in which subject(s) will be taught

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

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

☐ Appointment of Mr./Ms. as a Grade R educator / IIAL Teacher, is herewith recommended / not recommended.

☐ Placement of Mr./Ms., a Bursar from the Bursary Scheme is herewith recommended / not recommended.

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

Contract Teacher to be appointed against a substantive PL1 post or a Promotional post on the approved post establishment with confirmation form the District HR component and advertised accordingly – please indicate below:

PL1 TEACHER POST	PROMOTIONAL POST
------------------	------------------

CHAIRPERSON OF GOVERNING BODY

DATE

HEAD OF INSTITUTION

DATE AND OFFICIAL STAMP

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

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

☐ Appointment of Mr./ Ms. as a Grade R educator / IIAL Teacher, is herewith recommended / not recommended.

☐ Placement of Mr./ Ms., a Bursar from the Bursary Scheme is herewith recommended / not recommended.

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

Remarks:

.....

.....

CIRCUIT MANAGER / CES

DATE AND OFFICIAL STAMP

APPROVAL BY DELEGATED OFFICIAL

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

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

☐ Appointment of Mr./ Ms. as a Grade R educator / IIAL Teacher, is herewith recommended / not recommended.

☐ Placement of Mr./ Ms., a Bursar from the Bursary Scheme, is herewith approved / not approved.

☐ Appointment of Mr. /Ms., as Temporary/Contract closed / Substitute educator is herewith approved / not approved.

Remarks:

.....

.....

.....

.....

.....

NAME OF DELEGATED OFFICIAL

RANK

SIGNATURE

DATE