

GAUTENG DEPARTMENT OF EDUCATION

APPLICATION FOR CONTRACT (TEMPORARY) APPOINTMENT

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

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. Post Requirements ((subjects and grades to be taught)):													
3. Period of Vacancy (Compulsory): from 20 ___/___/___ to 20 ___/___/___													
4.*Forms attached. (Original or copy)		Termination of service			Leave					OTHER			
If OTHER, specify (secondment etc.)													
5.* Reason for vacancy/appointment– (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		Vacant Promotional Post		Growth Post			
										Substitute			
										Ot her			
If OTHER, specify													
6. PARTICULARS OF CURRENT INCUMBENT (leaving/ left the post)						6.1. PERSAL No.							
6.2 Surname and initials:								6.3. Rank designation					
6.4 Select reason and give details (Compulsory) attach certified copies:													
*6.4.1													
Leave Resignation		<input type="checkbox"/>		Specify Type									
Promotion		<input type="checkbox"/>		Date: 20 ___/___/___ Reason:									
Secondment		<input type="checkbox"/>		To Institution:									
Transfer		<input type="checkbox"/>		To Institution:									
Other		<input type="checkbox"/>		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 _____		Date: 20 ___/___/___					
7. Work permit number: _____						8. Citizenship: _____ Date: (if foreign national): _____							
9. Postal address						Postal code							
10. Dialling code & telephone number				Home:				Work:					
11 Marital status		Unmarried		Married		Divorced		Widow		Widower			
										Applicable Date: ___/___/___			
12. Maiden name If applicable				Home Language:				Correspondence Language:					
13. Last day of previous appointment: ___/___/___ Previous: Department and province: _____ Previous Rank : _____													
14.*Nature of new appointment of recommended incumbent		Temporary		Permanent Relief				Special contract		Secondment		37% (appointment less than 6	

15. Period of appointment: 20___/___/___ to 20___/___/___											
16.*Valid Work Permit		*17 Foreign Qualifications		*18 DBE Evaluation of Qualifications Certificate/letter			*19 Reinstatement letter from HOD		*20 Certified Copy of SACE		
21. * Criminal record?		YES		NO		22. * Convicted of any sexual offence			YES		NO
23. Language Endorsement (e.g. AE)			24. * Busy with further studies?			YES			NO		
25. If YES, give particulars:		26. * Currently on bursary Contract?		YES		NO		27. Bursary Type:			
28. Number of years teaching experience		Pre-prim:		Prim: (specify)		Sec: (specify)					
3 Didactics (Teaching Practice Subjects)											
29. Qualifications (Compulsory)				Prim/ Sec / Hons / Masters (specify)		Institution		Year completed		Major teaching learning areas	
Highest professional qualification											
Highest academic qualification											
If OTHER, specify											
30. Member of professional body:				Not a member							

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 BY APPLICANT

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

Name in PRINT:

SIGNATURE

20___/___/___
DATE

G – REMARKS OF HEAD OF INSTITUTION/GOVERNING STRUCTURE

1. Recommendation date:		2. Remarks	
3. Signature of Head of Institution:		4. Signature of SGB Chairperson (For Cognisance):	
Date: _____		Date: _____	

H - REMARKS OF OFFICE

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

I – REMARKS OF DIRECTOR – DISTRICT

1. * Approved		Not Approved	
SIGNATURE		DATE	

