HR 8

GAUTENG PROVINCE
EDUCATION
REPUBLIC OF SOUTH AFRICA

Cross Boarder Verification

TRANSVERSAL HUMAN RESOURCE SERVICES

UPDATE PERSONAL DATA ON PERSAL

PART A: (This part must be completed in full for each person)

Surname: _____

First Names: _____

Initials: _____ Title: (Table 51): _____ Tax Number: _____

Identity Number | | | | | | | | | | | | | |

PERSAL Number | | | | | | | | |

PART B: (In this part, only complete the sections which have changed or needs to be updated)

Street Address: _____

_____

Postal Code: _____

Postal Address: _____

_____

Postal Address: _____

Dialling Code: _____ Telephone Number: _____

Population Group:

African | *Coloured* | *Indian* | *White*

If African, indicate Ethnic Group: _____

Marital Status:

Married | *Never Married* | *Divorced* | *Widow/ Widower* | *Separated*

Marital Status Date: | | | | | | | | |

Maiden Name: _____

Previous Marital Surname: _____

Home Language: _____ Disabled: Yes | | No | |

Religion: _____ Place of Birth: _____

Citizenship Date (Table 13): | | | | | | | | |

Citizenship: _____

Work Permit Expiry Date: | | | | | | | | |

Work Permit Number: _____

Passport Number: _____

HEALTH PROFILE

Disability/ Sufferings:

Skin Disease:		Eyes/ Ears/ Nose/ Teeth:		Chest/ Respiratory System:	
Skeleton/ Joints:		Urinary system/ Genital Organs:		Heart/ Circulatory System:	
Digestive System:		Nervous/ Mental Abnormal:		Other (Table 2.2)	

Nature of Disability/ Suffering: _____

Severity: _____

Date of Disability/ Suffering: | | | | | | | | |

29

PARTICULARS OF SPOUSE

Surname: _____ Initials: _____

Identity Number:

Is your spouse a medical dependent of you?

Yes		No	

PARTICULARS OF DEPENDANTS

Surname	Initials	Date of Birth	Male/ Female

PARTICULARS OF NEXT OF KIN

Surname: _____

First Name: _____

Address: _____

_____ Postal Code: _____

Relationship: _____ Telephone Number: ( ) _____

LANGUAGE PROFICIENCY

Category: Good/ Fair/ Bad/ None

Type of Language	Speak	Read	Write

SCHOOL QUALIFICATIONS

Highest Qualification (Table 87): _____

Field of Study: _____

School Attended: _____ Date Completed:

Subjects (Table 86)	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

RVQ

FOR OFFICIAL USE ONLY		

30

TERTIARY QUALIFICATIONS

Qualification (Table 29):

Educational Institution (Table 37):

Field of Study:

Public Service Bursary: Yes ☐ No ☐ Thesis: Yes ☐ No ☐

Thesis Description:

Full/ Part Time: Full Time ☐ Part Time ☐ Cum Laude: Yes ☐ No ☐

Starting Date: Date Completed:

Registered at a Professional Body: Yes ☐ No ☐ Certificate Number:

Professional Body:

Subject Passed For Tertiary Qualification	
1.	10
2.	11
3.	12
4.	13
5.	14
6	15
7	16
8	17
9	18

TERTIARY QUALIFICATIONS

Qualification (Table 29):

Educational Institution (Table 37):

Field of Study:

Public Service Bursary: Yes ☐ No ☐ Thesis: Yes ☐ No ☐

Thesis Description:

Full/ Part Time: Full Time ☐ Part Time ☐ Cum Laude: Yes ☐ No ☐

Starting Date: Date Completed:

Registered at a Professional Body: Yes ☐ No ☐ Certificate Number:

Professional Body:

Subject Passed For Tertiary Qualification	
1.	10
2.	11
3.	12
4.	13
5.	14
6	15
7	16
8	17
9	18

TERTIARY QUALIFICATIONS

Qualification (Table 29): _____

Educational Institution (Table 37): _____

Field of Study: _____

Public Service Bursary: Yes ☐ No ☐ Thesis: Yes ☐ No ☐

Thesis Description: _____

Full/ Part Time: Full Time ☐ Part Time ☐ Cum Laude: Yes ☐ No ☐

Starting Date: ☐☐☐☐☐☐☐☐ Date Completed: ☐☐☐☐☐☐☐☐

Registered at a Professional Body: Yes ☐ No ☐ Certificate Number: _____

Professional Body: _____

Subject Passed For Tertiary Qualification

1. _____	**10** _____
2. _____	**11** _____
3. _____	**12** _____
4. _____	**13** _____
5. _____	**14** _____
6 _____	**15** _____
7 _____	**16** _____
8 _____	**17** _____
9 _____	**18** _____

PREVIOUS EXPERIENCE

Previous Employer	Capacity Held	Service Period		Field of Work	Location
		From	To		

IQMS / PMDS

Were you scored for the IQMS /PMDS for the previous/current cycle?
If **YES** - attacha copy of the relevant signed document.
If **NO** - please attach a short written explanation.
A copy of the document you signed can be obtained from the Principal if you do not have a copy

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAVE NOT WITHHELD ANY INFORMATION AND UNDERSTAND THAT ANY FALSE INFORMATION PROVIDED WOULD LEAD TO DISCIPLINARY ACTION INSTITUTED AGAINST ME, WHICH COULD LEAD TO DISMISSAL.

Signature: _____ Date: _____ Contact Number: _____

32