

ANNEXURE: F

GDE 0001 - APPLICATION FOR CONVERSION OF CONTRACT (TEMPORARY) EDUCATORS TO PERMANENT

INSTITUTION INFORMATION															
Name of School:															
Component Number:					9						District :				
Telephone Number:										Dialling Code:					
PERMANENT APPOINTMENT IN A VACANT SUBSTANTIVE POST															
Surname and Initials:															
PERSAL Number															
Post Requirements	Subject Taught				Grade	Subject Taught				Grade					
	1					2									
	3					4									
Date of appointment:															
ID Number															
Male		Female						Disability (YES/ NO)							
Citizenship:				Tel:				Cell:							
Postal Address:										Postal Code					
QUALIFICATIONS															
Professional & Academic:															
SACE Registration no:															
Signature of incumbent:										Date:					
The above incumbent meets the requirements. I therefore confirm the request for conversion to permanency															
CONFIRMED BY SCHOOL PRINCIPAL					CONFIRMED BY SGB CHAIRPERSON:					CLUSTER LEADER (for cognizance)					
Name in Print:					Name in Print:					Name in Print:					
Signature:					Signature:					Signature:					
Date:					Date:					Date:					

OFFICE USE ONLY			
HRP (ASD/DCES)			
Recommend		Not Recommend	
Reasons for non- recommendation: (e.g placement of additional educator)			
Does not meet the requirements as per Collective Agreement 04 of 2018 & Circular 08 of 2019			
Other (Specify)			
Component:		Post no:	
Name in Print:		Signature:	Date:
ASD: COS			
Reasons for non-support (if applicable):			
Name in Print:		Signature:	Date:
DD: THRS (Quality Assure and recommend to the District Director)			
Reasons for non-recommendation (if applicable):			
Name in Print:		Signature:	Date:
DIRECTOR:			
Approved	Not Approved	Reasons for Non- Approval:	
Name in print:		Signature:	Date: