

**GAUTENG DEPARTMENT OF EDUCATION
(GDE1) APPOINTMENT OF CONTRACT EDUCATORS**

- 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.

Assumption of duty can only be confirmed by the delegated authority (THRS: HRP will issue a provisional approval on receipt and confirmation of the suitability and correctness of the application)

A. INSTITUTION/OFFICE

1. Name of Institution:

2. EMIS No.

3. Component number:

4. Dialling code/telephone number:

B. VACANCY

1. Post Type: Post Level 1 (educator post)

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

Vacant post due to termination of service

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

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. Period of appointment:

20 ____/____/____ to 20 ____/____/____

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. Have you been dismissed due to misconduct? (x) (If yes, attach clearance letter)

YES

NO

23. Language Endorsement (e.g. AE)				24. * Busy with further studies?		YES		NO			
25. If YES, give particulars:		25. * Currently on bursary Contract?		YES		NO		26. Bursary Type:			
27. Years teaching experience (if applicable)		Foundation phase:		Intersen: (specify)				FET: (specify)			
Teaching Subjects											
28. Qualification(s)- Matric/ Professional or academic		School/University/College obtained from		Year completed		Province obtained from		Subjects/Majors			
If OTHER, specify											
29. Member of professional body (Mark with an X)		SACE		HPCSA		Registration number:					
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											
I declare that the above information provided (including any attachments) is true and correct to the best of my knowledge. I understand that any false or incorrect information could lead to my application being disqualified or to me being discharged on account of misconduct if appointed.											
Name in PRINT:											
<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> <div style="text-align: center;">SIGNATURE</div> </div> <div> <div>20____/____/____</div> <div style="text-align: center;">DATE</div> </div> </div>											
G – REMARKS OF HEAD OF INSTITUTION/GOVERNING STRUCTURE											
1. Recommendation date: from.....to.....				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		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		Not Approved		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>					
SIGNATURE: _____						DATE: _____					