

Relevant appointment forms

- Checklist
- GDE 1
- GDE 1 for Graduates
- Z83
- GDE79
- Bank form
- Confirmation of assumption of duty
- Vetting forms

NB! Please note that from 1 May 2022 old forms will not be accepted



**ROUTE/ CHECK LIST FORM – APPOINTMENT OF TEMPORARY PS & EDUCATORS
EKURHULENI NORTH DISTRICT**

ROUTE/ CHECK LIST FORM MUST BE COMPLETED IN FULL AND ATTACHED TO EACH APPLICATION FORM FOR APPOINTMENT

Institution: _____ Appoint date from: _____ To: _____

Surname & Initials: _____ Persal/ID No: _____

AFFIDAVIT

I _____ PERSAL /ID No: _____

Has taken: The Voluntary Severance Package ☐ Y ☐ N or any form of Early Retirement: ☐ Y ☐ N

Has been charged with misconduct in the Public Service: ☐ Y ☐ N

If the answer to any of the questions is “yes” please supply full details on a sheet of paper & attach

Indicate last date of previous service _____ Name of Province _____

Signature: _____ Date: _____

CHECKLIST

Documents	TICK
GDE79 for all posts	
GDE 1 to be completed in full, e.g., subject and level taught must be indicated as post requirement on GDE1	
Z83	
Minutes of panel nomination, shortlisting and interview/placement letter	
ID Certified Copy	
SACE (Educators) Provisional registration must be valid for appointment period	
HPCSA & SACE (Therapists)	
Certified copies of all qualifications	
Tax Reference Certificate (SARS)	
HR8 Personal particulars to be completed for all new appointments	
CTS & MIE plus FORM 29	
Form 1030 – Bank Details (New appointment and break in service)	
Bank Statement/Letter from bank confirming banking details	
Valid Work Permit and passport for foreign nationals	
Doctors Note, Leave form and/or PILIR (Substitutes)	
Certificate of Service and or last pay slip if previously appointed by another Province	
VSP/Misconduct (Full detail see affidavit above)	
Motivation for under/unqualified (exceptional circumstances only)	
CONFIRMATION OF ASSUMPTION OF DUTY	

I _____ (Principal—print name) declare that the above information is fully completed and correct.

Signature: _____ Date: _____

School stamp

GAUTENG DEPARTMENT OF EDUCATION

APPLICATION FOR CONTRACT (TEMPORARY) APPOINTMENT

<ul style="list-style-type: none"> Please PRINT Mark * blocks with an X where applicable <p>It is compulsory that all applicable sections of the form be completed as honestly as possible.</p>									
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___/___/___									
*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	Other	
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				Specify Type					
Resignation				Date: 20___/___/___ Reason:					
Promotion				To Institution:					
Secondment				To Institution:					
Transfer				To Institution:					
Other				Specify:					
- 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	
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 months)	

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)							
28. Number of years teaching experience												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																			
THER, 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.																			
Signature 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									

GAUTENG DEPARTMENT OF EDUCATION

FORM FOR PERMANENT APPOINTMENT OF FIRST ENTRANTS (GRADUATES)

- 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. (No assumption of duty without provisional approval)

SECTION 1: TO BE COMPLETED BY THE APPLICANT

A. PERSONAL PARTICULARS OF THE APPLICANT

(Attach certified copies of qualifications (Certified ID, qualification including Matric Certificate and SACE))

1. PERSAL No (if applicable).									
2. Surname and initials (as in the IDENTITY DOC):									
3. ID Number:									
4. Gender		Male	Female	Disability	Yes	No			
5. Postal address									
6. Dialling code & telephone number				Home		Cell phone 1		Cell phone 2	
7. Marital status (X)		Unmarried	Married	Divorced	Widow	Widower			
8. Maiden name If applicable			Home Language:		Correspondence Language:				
9. Last day of previous appointment: ____/____/____ Previous Province: _____ Post Level: _____									
10. Criminal record? (Attach clearance certificate/letter)		YES	NO	11. Convicted of any sexual offence		Yes	No	12. SACE attached?	
								Yes	No
13. Currently on bursary Contract?		YES	NO	14. Bursary Name:			Privately Funded ?	YES	NO
14. Didactics (Teaching Practice Subjects) (attach transcript)									
15. Qualifications (Compulsory)		Prim/ Sec / Hons / Masters (specify)		Institution name		Year completed		Major teaching learning areas	1. 2. 3.
16. Highest professional qualification & Majors									
17. Highest academic qualification & Majors									
18. Member of professional body: (e.g. SACE)		Yes	No	If Yes Name of professional body					

19. CERTIFICATION OF CORRECTNESS OF INFORMATION BY APPLICANT

I the undersigned hereby certify that the information in sections 1 is correct.

Name in PRINT: _____ 20____/____/____

SIGNATURE: _____ DATE

SECTION 2: TO BE COMPLETED BY THE SCHOOL PRINCIPAL

1. Name of Institution:		2. EMIS No	
3. Component number		4. Telephone number:	
5. Post Requirements (subjects and grades to be taught- (attach advert) :			

SECTION 3: RECOMMENDATION OF SCHOOL PRINCIPAL AND SCHOOL GOVERNING BODY

1. Appointment date:	2. Remarks
----------------------	------------

3. School Principal: _____ Print Name _____ Signature _____ Date: _____	4. SGB Chairperson: _____ Print Name _____ Signature _____ Date: _____							
SECTION 4: SUB-DIRECTORATE DISTRICT: THRS REMARKS (OFFICE USE ONLY)								
1. HRP REMARKS ON SUITABILITY OF THE APPLICANT: Qualifications: _____ Learning areas: _____ Other: _____ Recommended/not recommended _____ _____ Print Name: _____ Signature of DCES / ASD: _____ Date: _____	2. THRS: DD REMARKS ON SUITABILITY OF THE APPLICANT: Qualifications: _____ Learning areas: _____ Other: _____ Recommended/not recommended _____ _____ Print Name: _____ Signature of DD: _____ Date: _____							
SECTION 5: APPROVAL OF THE APPOINTMENT BY DISTRICT DIRECTOR (OFFICE USE ONLY)								
I (print name) _____ District Director of (District Name) _____ (approves/ do not approve the above recommendation of (Print name) _____ Persal /ID number _____ as:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Nature of appointment (tick relevant block):</td> <td style="width: 15%;">Contract</td> <td style="width: 15%;">Substitute</td> <td style="width: 15%;">Against promotional</td> <td style="width: 15%;">Secondment</td> <td style="width: 15%;">Growth</td> <td style="width: 15%;"></td> </tr> </table>		Nature of appointment (tick relevant block):	Contract	Substitute	Against promotional	Secondment	Growth	
Nature of appointment (tick relevant block):	Contract	Substitute	Against promotional	Secondment	Growth			
Reason for decline if applicable: _____ Signature: _____ Date: _____								



APPLICATION FOR EMPLOYMENT

WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. You need to fill in all sections of this form completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1 – All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.

2 – Passport number in the case of non-South Africans.

3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.

4 – This information will only be taken into account if it directly relates to the requirements of the position.

5- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal information security and disciplinary code.

6- The applicant may submit additional information separately where the space provided is not sufficient.

7- Departments must accept certified documents that accompany the application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.

A. THE ADVERTISED POST (All sections of this form are compulsory)

Position for which you are applying (as advertised)	Department where the position was advertised
Reference number (as stated in the advert)	If you are offered the position, when can you start OR how much notice must you serve with your current employer?

B. PERSONAL INFORMATION¹

Surname and Full names																								
Date of Birth	DD/MM/YY	Identity Number												Passport ² number										
		Race ³	African	White	Coloured	Indian	Other																	
Gender ³		Female				Male																		
Do you have a disability?		Yes				No																		
Are you a South African citizen?		Yes				No																		
If no, what is your nationality?																								
Do you have a valid work permit? (only if non-South African)		Yes				No																		
Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? ⁵		Yes				No																		
If yes (provide the details)																								
Do you have any pending criminal case against you? If yes, (provide the details) ⁵		Yes				No																		
Have you ever been dismissed for misconduct from the Public Service? ⁴		Yes				No																		
If yes (provide the details) ⁶																								
Do you have any pending disciplinary case against you? If yes, (provide the details)		Yes				No																		
Have you resigned from a recent job pending any disciplinary proceeding against you? ⁴		Yes				No																		
If yes, (please note that the provisions of the Public Service Act shall apply).																								
Have you been discharged or retired from the Public Service on grounds of Ill-health or on condition that you cannot be re-employed? ⁴		Yes				No																		
Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? ⁶ If yes, (provide the details) ⁶		Yes				No																		
In the event that you are employed in the Public Service, will you immediately relinquish such business interests?		Yes				No																		
Please specify the total number of years of experience you have		Private Sector				Public Sector																		
If your profession or occupation requires official registration, provide date and particulars of registration		Date				Reg. No																		

Preferred language for correspondence

Method for correspondence	Post	E-mail	Fax	Telephone
Contact details (in terms of the above)				

Languages (specify)

Speak					
Write or read					

Name of School/Technical College

Name of School/Technical College	Name of qualification obtained	Year obtained

Current study (institution and qualification):

Employer (including current employer)

Employer (including current employer)	Post held	From		To		Reason for leaving
		MM	YY	MM	YY	

If you were previously employed in the Public Service, is there any condition that prevents your re-appointment?

Yes	No
-----	----

If yes, Provide the name of the previous employing department and indicate the nature of the condition.

Name

Name	Relationship to you	Tel. No. (office hours)

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my application being disqualified or disciplinary action taken against me if I am appointed:

Signature:

Date:



GDE 79: NOTICE OF VACANCIES

ANNEXURE: B

This form gathers information on the requirements of vacant educator posts identified in schools. It must be completed by the School Principal or Cluster Leader/IDSO (in case of a principal's post) and countersigned by the District Director.

A: GENERAL INFORMATION							
Institution Pay point number:	9						
Institution EMIS ¹ number:							
School Name							

B: SCHOOL DETAILS - The following information is required for cross-checking against provincial database							
Institution level (✓)	Primary		Combined		Secondary		
School type (✓):	Ordinary			LSEN			
Quintile		School Fee Status	Non-Paying		Paying		
Existing Grading (e.g. P1, P2):				Learner No. (20___ head count):			
Main LOLT at school:							
Postal address:				Physical address:			
Postal code:							
Telephone number (include area code):				-			
Fax number (include area code):				-			

C: REQUIREMENTS FOR VACANT POSTS							
Post Type e.g.: HOD	Post level e.g.: PL1	Phase Description e.g. Foundation phase	Learning area	Grade 1 - 3	Grade 4 - 7	Grade 8 - 9	Grade 10 - 12
Principal & Deputy Principal additional requirement is "Leadership, Administration and Management skills related to the specific school type" (No extra mural activities to be added as additional requirements)							
Additional Requirements (200 Characters):							
Additional Requirements (200 Characters):							
Additional Requirements (200 Characters):							

C. DECLARATION²			
We, the undersigned, hereby declare that the number of posts for which requirements have been provided above, corresponds with the official number of vacant posts specified by the post establishment for the school.			
	Print name	Date	Signature
Principal			
SGB Chairperson			
Cluster Leader / IDSO			
District Director			

¹ Gauteng Reference Number (EMIS NUMBER), as indicated on the Annual Survey and 10th Day Head Count Survey must be inserted

² Declaration must be signed by all the delegated authority to be deemed legal and complete



GAUTENG PROVINCIAL GOVERNMENT

APPLICATION FOR PAYMENT OF
SALARY INTO BANK ACCOUNT

No. 190793

y	y	y	y	m	m	d	d		

I, _____ (Name and Initials)

PERSONAL No. _____

Department _____

Entity _____

I hereby request that my salary be paid into my bank account at the bank as specified below.

I confirm that the above details are correct and correspond with those on our records.

Issued by:
(Name in block print) _____

Signature _____

Persal No. _____

Please take note that incorrect bank details may lead to incorrect bank deposits and/or transfers. Applications will only be accepted on an original form and if the bank details are certified as correct by the bank. The Gauteng Shared Service Centre will not be held accountable for the non-payment of salaries if the bank details are completed incorrectly by the official and/or bank. Salary payments cannot be made on credit cards or bond accounts.

BANK ACCOUNT DETAILS TO BE COMPLETED BY THE BANK

Name of account holder _____

Identity number _____

Bank _____

Account No. _____

Branch name _____

Branch code _____

Branch Tel. _____

Account type (Mark with X): ☐ Current (Cheque) account☐ Savings Account☐ Transmission Account

DATE STAMP AND AUTHORISED SIGNATORY OF BANK

Certified as correct

I confirm that the above details are correct and correspond with those on our records.

Name of bank official _____

Signature _____

Telephone No. _____

TO BE COMPLETED BY THE APPLICANT

I hereby certify that the information contained on this form is complete and accurate.

Telephone number _____

Cell number _____

E-mail address _____

Signature Applicant _____

Date _____

Forward complete document to: Document Management Centre, 75 Fox Street, Johannesburg.

EKURHULENI NORTH

CONFIRMATION OF ASSUMPTION OF DUTY

SCHOOL: _____

SURNAME AND INITIALS OF APPOINTEE: _____

PERSAL NO/ ID NUMBER: _____

AUTHORISATION NUMBER FROM DISTRICT: _____

I, _____, Principal of the above-mentioned school, hereby

declare that the above-mentioned appointee assumed duty on _____.

**SIGNATURE OF
PRINCIPAL**

DATE

SCHOOL STAMP:



**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: _____ Citizenship Date (Table 13):

Work Permit Number: _____ Work Permit Expiry Date:

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:

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: _____

Relationship: _____

Telephone Number: _____

Postal Code: _____

()

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:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date

Completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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 - attach a 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: _____



Processing Notification - Background Screening Request



COMPANY DETAILS "Company"

To be completed by Company Agent

Company Name: _____ Email: _____

Agent Name: _____ Mobile No: _____

CANDIDATE PERSONAL INFORMATION

To be completed by the Candidate

Surname: _____

Full Names: _____ Maiden Name _____

Mobile Number: _____ Date of Birth: _____

ID Number / Identifier:

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

Description of Identifier: _____
E.g. South African ID Number, Zimbabwean Passport Number, etc.

Physical Address: _____

Previous Convictions: Yes ☐ No ☐

If Yes, Please Provide the Conviction Details:

Date Convicted: _____

Offence: _____

Sentence: _____

BACKGROUND SCREENING CHECKS

To be completed by the Company Agent

<input type="checkbox"/>	Credit Check	<input type="checkbox"/>	Sanctions
<input type="checkbox"/>	Qualification	<input type="checkbox"/>	Identity Verifications
<input type="checkbox"/>	Employment References	<input type="checkbox"/>	Insurance Regulations
<input type="checkbox"/>	Criminal Checks	<input type="checkbox"/>	Drivers license & Vehicles
<input type="checkbox"/>	Fraud Check	<input type="checkbox"/>	Social Media Screening Checks

QUALIFICATION DETAILS

To be completed by the Candidate

	(1)	(2)	(3)
Qualification Name:	_____	_____	_____
Institution Name:	_____	_____	_____
Date Obtained:	_____	_____	_____
Student No:	_____	_____	_____
Certificate No:	_____	_____	_____
Exam No:	_____	_____	_____

DEFINITIONS

- ✓ "Candidate" means the person on whom the Company will process background screening checks for lawful purposes including but not limited to employment/ continuation of employment;
- ✓ "Company" refers to MIE Client;
- ✓ "Consumer Credit Information" shall have the meaning ascribed to it in section 70 of the NCA;
- ✓ "FAIS Act" shall mean the Financial Advisory and Intermediary Services Act of 2002;
- ✓ "FSCA" refers to the Financial Sector Conduct Authority;
- ✓ "NCA" shall mean the National Credit Act, No. 34 of 2005, as amended from time to time, including any regulations made under the Act;
- ✓ "Personal Information" shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, fingerprints, criminal history and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and/or during the background screening process and/or thereafter;
- ✓ "POPI" shall mean the Protection of Personal Information Act, No. 4 of 2013, as amended from time to time, including any regulations made under the Act;
- ✓ "Privacy and Data Protection Conditions" refers to the 8 (eight) statutory prescribed conditions for the lawful Processing of Personal Information;
- ✓ "Responsible Parties" have meaning to the Company and MIE together, and "Responsible Party" any one of them;
- ✓ "Verification Information Suppliers" shall mean third parties acting on behalf of MIE, including, but not limited to, criminal record bureaus, credit bureaus, governmental bodies, and any educational, training, and fraud prevention organisations;

ACKNOWLEDGMENT OF THE USE OF PERSONAL INFORMATION

- I acknowledge
- ✓ that the Company's duly authorized verification agent, Managed Integrity Evaluation (Pty) Ltd ("MIE"), will need to process my Personal Information to conduct background screening checks as indicated above which are required by the Company.
- ✓ that verification requests form part of the background screening process and that:
 - ✓ requests for credit information from Credit Bureaus will only be conducted under the regulations defined as per the NCA and for the below prescribed purposes only;



Processing Notification - Background Screening Request



- ✓ For employment in a position of trust and honesty and entails the handling of cash or finances;
- ✓ Fraud prevention or detection.
- ✓ data obtained from the FSCA serve only for the purpose to determine the fitness and propriety as envisaged in the FAIS Act.
- ✓ that any Personal Information supplied to the Company is provided voluntarily and is accurate and current as the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company, I further agree to correct and update such Information when necessary;
- ✓ that privacy is important to the Responsible Parties and the Responsible Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner, and processed in terms of South African law and or applicable Data Protection Legislation, for the purposes I have authorised.
- ✓ that all information, including Personal Information, supplied to the Company is accurate and current and agree to correct and update such information when necessary.
- ✓ may be shared by the Company with MIE and may be further shared by MIE with the Verification Information Suppliers for verification or other legitimate purposes;
- ✓ may be shared by the Verification Information Suppliers with MIE and be further stored and shared by MIE with the Company and Fraud databases or services when the information provided for verification is deemed fraudulent by the Verification Information Suppliers for purposes of continued or future employment or for other legitimate purposes as per the NCA or other National or Provincial Legislation;
- ✓ may be stored by MIE, for legislated retention periods and where such periods are not legislated then my personal information may be stored by MIE for as long as the information may be needed for verification purposes, or any other period as I may agree with the MIE. and
- ✓ Personal Information may be transferred cross-border to countries, for verification or storage purposes. In any cross-border transfer of personal information MIE will comply with the security safeguards as provided for in the POPIA including but not limited to ensuring that the information is secured when transported to or from the recipient.
- ✓ I take note that if the Responsible Party has utilised the Personal Information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that Responsible Party. If I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.
- ✓ A copy of Personal Information kept by the Responsible Parties will be furnished to me upon request in terms of the provisions of POPI or the NCA and I understand that I may dispute any information in the record provided.
- ✓ "I agree that MIE, to the extent permitted by law, will not be liable for any complaint, claim or action brought by me, arising from any action or omission by MIE, to the extent that such action or omission resulted from MIE complying with the terms of this agreement and I shall indemnify, hold harmless and defend MIE from and against any such claims or actions brought against MIE."

	CANDIDATE	COMPANY AGENT
SIGNATURE		
DATE		

All signatories to this document agree that MIE will NOT be held liable for the content, factual correctness or accuracy of any Supplier Data supplied to MIE for the Company by MIE's suppliers. The Company and the Candidate hereby indemnifies and holds MIE harmless against any loss arising from neglect or damage in procuring, communicating, or failing to communicate information to the Company.

**INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON'S NAME APPEARS IN PART B OF NATIONAL CHILD
PROTECTION REGISTER**

(Regulation 44)

[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag X901
PRETORIA
0001

Dear Sir / Madam

In terms of section 126(1) / 126(2)* of the children's Act, (No. 38 of 2005), I,

..... (full names and surname) wish to inquire whether the name of a certain person is included in Part B of the National Child Protection Register. The particulars of the person are:

(* - Delete which is not applicable)

1. EMPLOYEE'S DETAILS:						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
* He / she is known as:			Driver's licence no:			
Alias (also known as):						
* ID no:			* Passport no:			
Physical Address:			Postal Address:			
* Telephone no:			Mobile no:			
The above-mentioned person will be / is currently* employed in the following position:						

2. DETAILS OF EMPLOYER - (My / our details are the following :)	
Employer's name or name of NPO:	NPO Registration number:
Employer's Physical Address:	Employer's Postal Address:
Employer's telephone no/s:	Other contact details:

3. ATTACHED DOCUMENTS: A certified copy of the following documents attached as verification of identity: <div style="margin-left: 40px;"> <input type="checkbox"/> certified copy of birth certificate, identity document or passport of person who signed letterhead; </div> <div style="margin-left: 40px;"> <input type="checkbox"/> certified copy of birth certificate, identity document or passport of person to be screened. </div>

Please note that section 126(5)(a) of the Act requires you to respond to this inquiry within 21 working days.

Yours sincerely

(Signature)

(Designation)

(Date)

Official Stamp of employer/ Organisation
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