



**Education**  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA

**APPLICATION FOR AN EDUCATOR POST**

Mark with an X where applicable:

- Application for an advertised promotional post
- Application for IIAL Educator employment
- Application for bursary holder Educator employment
- Application for Substitute appointment
- Application for closed temporary employment
- Application for transfer from another provincial department
- Application for Grade R Educator employment

Institution/Office: ..... Circuit: .....

**NOTES:**

- (a) In the case of an application for an advertised permanent post as well as a closed contract appointment, FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received a formal offer of appointment from the Department and had subsequently assumed duty in the advertised post.
- (b) In the case of an application for transfer from another provincial department, FORM EDU 1 should be accompanied by the conditional approval of transfer from the Head of that provincial department or his/her delegate. FORM EDU 4: Notice of Assumption of Duty should only be submitted after the applicant had received formal and final approval of the transfer from the Head of the Mpumalanga Department of Education or his/her delegate and had subsequently assumed duty.
- (c) If EDU 1 is not duly completed, this may result in the automatic disqualification of the application

**PART ONE: PARTICULARS OF ADVERTISED POST** (only in case of application for advertised post)

- 1. Institution: : .....
- 2. Post Designation: : .....
- 3. Date of Advertisement or Vacancy List : .....
- 4. Post Ref Number : 

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**PART TWO: PERSONAL PARTICULARS OF APPLICANT**

- 1. PERSAL Number (if any): 

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- 3. SARS Ref Number: 

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- 4. Identity Number: 

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5. Surname: .....

6. Initials: 

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7. Date of Birth 

YEAR				MONTH		DAY	

8. First names: .....

9. Title: 

DR	MR	MS
006	001	066

10. Residential Address :

Street Number: ..... Street name: .....

Suburb / District / Town: .....

Postal code: .....

11. Contact Details: a) Phone number: .....

b) E-mail address: .....

c) Cell phone number: .....

12. Postal Address: .....

13. Post Office: ..... Postal code : .....

14. Magisterial District: .....

15. Population Group: 

BLACK	COLOURED	INDIAN	WHITE
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16. Gender: 

MALE	FEMALE
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17 Marital Status: 

MARRIED	SINGLE	DIVORCED	WIDOWED
1	2	3	4

18. Marital Status Date: 

YEAR				MONTH		DAY	

19. Maiden Surname (if applicable): .....

20. Previous Marital Surname (if applicable): .....

21. Home Language: ..... 20. Disabled: 

YES	NO
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22. Citizenship: .....

23. Citizenship Date: 

YEAR				MONTH		DAY	

24. Place of Birth: .....

25. Passport Number: .....

26. SPOUSE DETAILS (only to be completed if applicant is married)

(a) Maiden Name : .....

(b) First Names : .....

(c) Title : .....

(d) Date of Birth : 

YEAR				MONTH		DAY	

(e) Identity Number : 

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(f) Occupation : .....

**27. PRESENT EMPLOYMENT:**

(a) Employer : .....

(b) Institution : .....

(c) Salary Notch : .....

(d) Rank : .....

(e) Bursary Holder : 

*YES	NO
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(f) \*Bursary Name (if yes) : 

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**28. REGISTRATION WITH SOUTH AFRICAN COUNCIL FOR EDUCATORS (SACE)**

(a) Are you registered with the South African Council for Educators?: 

YES	NO
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(b) Registration number: .....

(c) Registration date : .....

**29. GOVERNMENT EMPLOYEES PENSION FUND (GEPF) (if applicable including previous)**

(a) Membership number: .....

**PART THREE: GENERAL PARTICULARS OF APPLICANT**

**1. DEPENDANTS:**

NAME	SURNAME	GENDER	DATE OF BIRTH	RELATIONSHIP

**2. LANGUAGE PROFICIENCY:**

State the languages you can speak, read and write with an indication of good, fair, poor

LANGUAGE	READ	WRITE	SPEAK

**3. QUALIFICATIONS:**

SCHOOL ATTENDED	HIGHEST CERTIFICATE OBTAINED	DATE OBTAINED	SUBJECTS PASSED

PROFESSIONAL INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED (DIDACTICS)


ACADEMIC INSTITUTION ATTENDED	QUALIFICATION OBTAINED	DATE OBTAINED	SUBJECTS PASSED

TECHNICAL INSTITUTION ATTENDED	NTC III ETC	DATE OBTAINED	SUBJECTS PASSED

Number of years apprenticeship : .....

Date completed : .....

Agreement number : .....

Trade : .....

<b>FIELD OF FURTHER STUDY</b>
.....

**4. EXPERIENCE:**

**Teaching experience:** (service certificate must be attached in case of transfers or appointment after break of service)

NAME OF DEPT.	INSTITUTION	START DATE	END DATE	CAPACITY

**Other experience:** (service certificate must be attached in case of transfers or appointment after break of service)

NAME OF EMPLOYER	START DATE	END DATE	NATURE OF EMPLOYMENT

**Subjects you are able to teach:** (The specific phase of teaching experience should be indicated in the column provided i.e. Foundation, Intermediate, Senior, FET or a combination of the relevant phases)

SUBJECTS	GRADES	PHASE	LANGUAGE IN WHICH YOU CAN TEACH SUBJECT


State qualifications and/or proficiency in the following subjects and extra-mural activities if applicable:

**Subjects**

- Music : .....
- Song : .....
- Arts & Craft : .....
- Art : .....
- Elocution / concert : .....
- Physical Education : .....
- Other: : .....

**Extra-mural activities**

- Athletics : .....
- Soccer : .....
- Rugby : .....
- Netball : .....
- Hockey : .....
- Other: : .....

**PART FOUR: EMPLOYMENT HISTORY**

1. Have you ever:

- (a) Been found guilty of misconduct?
- (b) Been convicted of a criminal offence?
- (c) Been dismissed from employment?
- (d) Been granted the Voluntary Severance/compulsory retirement package?
- (e) Retired due to ill health? *(recent confirmation letter of the registered medical practitioner pertaining to current health status to be attached)*
- (f) Taken early retirement or **resigned** from the public service?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

*In the event of a "Yes" response to any one of the questions above, a separate report with all the relevant details shall be compiled and attached in order for the Department to consider your appointment as an educator. The information below is also required. If your response is "Yes" to question (b) you are required to obtain a certificate to indicate whether your particulars have been included in the National register for sex offenders or not – in terms of section 42(2) of the Criminal Law.*

- (g) Date of exit as a result of the event indicated in section 1(a) to (f) above? .....
- (h) Department at the time of the event indicated in section 1(a) to (f)?  
.....
- (i) Institution at the time of the event indicated in section 1(a) to (f)?  
.....

**2. ATTACHED HERewith THE REQUIRED ORIGINALLY CERTIFIED COPIES (Not older than 3 months) OF ALL RELEVANT DOCUMENTS:**

- i School Certificate
- ii Professional Qualification(s) plus academic transcript(s)
- iii Academic Qualification(s) plus academic transcript(s)
- iv Certificate(s) of Service
- v Identity Document (must be bar coded document)
- vi Valid Passport
- vii Proof of permanent residence document
- viii Marital status certificate(s) (must – apart from “single”- substantiate the status noted under Section 17)
- ix SACE Certificate as proof of registration with the South African Council for Educators
- x Testimonials
- xi NRSO Clearance certificate in line with Criminal Law Amendment Act 2021 – National Register for Sexual Offenders (<https://www.justice.gov.za/vg/nrso.html>)

I DECLARE THAT ALL THE PARTICULARS INDICATED IN THIS DOCUMENT ARE TRUE AND CORRECT.

I UNDERSTAND THAT ANY FALSE OR INCORRECT STATEMENTS WILLFULLY MADE WILL TENDER ME LIABLE TO DISCHARGE ON ACCOUNT OF MISCONDUCT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**PART FIVE: RECOMMENDATION AND APPROVAL**

Post specific requirements: The educator is deemed suitably skilled to teach the subjects and/or phases as indicated in Table A below, and is therefore recommended for appointment.

**Table A: Subjects to be taught (Tutoring Subjects):**

Subject(s)	Grades	Phase	Language in which subject(s) will be taught

Appointment of Mr/Ms ..... as ..... (rank) to the advertised Post No ..... in the Vacancy List dated ....., is herewith recommended / not recommended.

Transfer of Mr./Ms. .... from ..... (other education department), is recommended / not recommended.

Appointment of Mr./Ms. .... as a Grade R educator / IIAL Teacher, is herewith recommended / not recommended.

Placement of Mr./Ms. ...., a Bursar from the .....  
Bursary Scheme is herewith recommended / not recommended.

Closed contract / temporary / Substitute educator appointment of Mr./ Ms.  
..... for the period ..... up to .....,  
is recommended / not recommended.  
Contract Teacher to be appointed against a substantive PL1 post or a Promotional post on the  
approved post establishment with confirmation form the District HR component and  
advertised accordingly – please indicate below:

PL1 TEACHER POST	PROMOTIONAL POST
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\_\_\_\_\_  
CHAIRPERSON OF GOVERNING BODY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HEAD OF INSTITUTION

\_\_\_\_\_  
DATE AND OFFICIAL STAMP

Appointment of Mr. / Ms. .... as ..... (rank) to the  
advertised Post No ..... in the Vacancy List dated ....., is herewith  
recommended / not recommended.

Transfer of Mr./ Ms. .... from ..... (other  
education department), is recommended / not recommended.

Appointment of Mr./ Ms. .... as a Grade R educator / IIAL Teacher, is  
herewith recommended / not recommended.

Placement of Mr./ Ms. ...., a Bursar from the .....  
Bursary Scheme is herewith recommended / not recommended.

Closed contract / temporary / substitute educator appointment of Mr./Ms.  
..... for the period ..... up to ....., is  
recommended / not recommended.

Remarks:  
.....  
.....

\_\_\_\_\_  
CIRCUIT MANAGER / CES

\_\_\_\_\_  
DATE AND OFFICIAL STAMP

**APPROVAL BY DELEGATED OFFICIAL**

Appointment of Mr./ Ms. .... as ..... (rank) to the advertised Post No ..... in the Vacancy List dated ....., is herewith approved / not approved.

Transfer of Mr./ Ms. .... from ..... (other education department), is approved / not approved.

Appointment of Mr./ Ms. .... as a Grade R educator / IIAL Teacher, is herewith recommended / not recommended.

Placement of Mr./ Ms. ...., a Bursar from the ..... Bursary Scheme, is herewith approved / not approved.

Appointment of Mr. /Ms. ...., as Temporary/Contract closed / Substitute educator is herewith approved / not approved.

**Remarks:**

.....  
.....  
.....  
.....  
.....

\_\_\_\_\_  
**NAME OF DELEGATED OFFICIAL**

\_\_\_\_\_  
**RANK**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**