

**WESTERN CAPE EDUCATION DEPARTMENT**  
**APPLICATION FOR AN ADVERTISED TEACHING POST**

**INSTRUCTIONS:**

1. A fully completed form must be submitted **per each application for an advertised post.** .
2. This form must be completed in ink and submitted with your application.
3. A false declaration will result in the immediate disqualification/dismissal of the applicant/successful applicant.
4. This completed form must be the first page of your application.
5. Certified copies (not originals) of qualification certificates and testimonials must be enclosed.

Applicant's Persal Number			
By which education department are you currently or were you previously employed, if not the WCED?			
Present school:			
Do you want your pension contributions to be transferred from your previous department? (If applicable) YES / NO			

**A. POST FOR WHICH YOU ARE APPLYING**

School/FET institution:			
Rank (e.g. Principal/HOD/Educator):			
<b>Advertisement number:</b>		<b>Vacancy list no</b>	

**B. PERSONAL DETAILS (Where applicable, indicate with an X in the appropriate block)**

1. Surname:	2. First names:	3. Maiden name:			
4. Date of Birth:	5. Identity Number:	6. Race:			
		B	W	C	I
7. Gender:	Male	Female			
8. Disabled:	Yes	No			
9. Nationality:					
10. Language preference:					
11. Do you have any bursary obligations? YES/NO If yes, to which department?					
12. Have you retired or been retired on pension prematurely or have you accepted a Voluntary Severance Package (VSP)				Yes	No
13. Have you ever been found guilty of a criminal offence <b>IN YOUR WORK</b> or been dismissed from a post? If yes, please supply details on a separate sheet of paper.				Yes	No
14. Are you a registered <b>SACE MEMBER</b> ?				Yes	No
15. If YES state SACE no.:					
16. Residential address:					Postal Code:
17. Postal address					Postal Code:
18. Dialling code and tel. no		Cell no			

**C. ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Attach particulars on a separate sheet if necessary)**

Qualifications	Year	NAME OF DIPLOMA OR CERTIFICATE	MINIMUM DURATION OF COURSE	NAME OF INSTITUTION THAT ISSUED THE CERTIFICATE	MAIN SUBJECT PASSED
Academic (e.g. BA, B.Sc.)					
Professional (e.g. HDE)					
Technical (e.g. NTD)					
Other					

**D. SUBJECTS, LEARNING AREAS AND EXTRACURRICULAR ACTIVITIES OFFERED (If senior primary or secondary education, indicate which subjects which you are willing/ qualified to offer)**

Subjects:	Grades:	Language medium:	Extracurricular activities offered:
			Sport:
			Other:

**E. PREVIOUS EXPERIENCE**

Indicate previous experience in the categories given below.

This information is of the utmost importance and must be correct.

CATEGORY	YEAR/MONTHS	SUBJECTS, LEARNING AREAS AND GRADES TAUGHT
FET College		
Technical School (Gr 10-12)		
Secondary (Gr 8-12)		
Senior Phase (Gr 7-9)		
Intermediate Phase (Gr 4-6)		
Foundation Phase (Gr R-3)		
<b>TOTAL</b>		

I certify that this form has been fully completed and that all information provided is correct.

.....  
**SIGNATURE**

.....  
**DATE**