Western Cape Government
Education

Directorate: Cape Teaching and Leadership Institute

**Annexure A**

# Presenter's Form
# Mathematics Solutions Conference
# 04–05 October 2016

**Complete this form and return it to email address: Natasha.Fouche@westerncape.gov.za OR fax number: 086 443 6276.**

| | | | | | |
|---|---|---|---|---|---|
| Surname: | | First name: | | | Provide a short description of the content of your presentation below: |
| Institution: | | | | | |
| Telephone number: | | Fax number: | | | |
| Cellphone number: | | Email address: | | | |
| Indicate the phase at which your presentation is aimed: | Foundation phase | | INTERSEN (4–7) | | |
| | Intermediate phase | | All three phases | | |
| Indicate the language of your presentation: | Afrikaans | | English | | |
| | Xhosa | | Afrikaans and English | | |
| Indicate which equipment you require for your presentation: | Document viewer (AVER visualiser) | | Interactive whiteboard (Mimio/Compujector) | | |
| | Computer laboratory | | Television set | | |
| | Data projector | | Other (name) | | |
| Provide a suitable title for your presentation (to be printed in the programme). | | | | | |

**Annexure B:**
**Mathematics Solutions Conference**
**04–05 October 2016**
**Participant's Enrolment Form:**

**Complete this form and return it to:**
**Email address:** Gaynore.Matthews@westerncape.gov.za **or fax:** 086 601 4232/ 021 900 5013/ 021 900 5027

| | |
|---|---|
| **Surname** | |
| **Full names** | |
| **School** | |
| **Education district** | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Gender** (for equity purposes) | **F** | **M** | **Race (tick relevant box)** (for equity purposes) | **A** | **C** | **W** | **I** | **Disability** (for equity purposes) | **Y** | **N** |

| | | | |
|---|---|---|---|
| **PERSAL number:** | **Identity number** | **Post level** | |
| **Personal email address** | **Cellphone number** | | |

| | | | |
|---|---|---|---|
| **Age (tick relevant box)** | **<35** | **35-55** | **55+** |

| | | | |
|---|---|---|---|
| **Conference sessions attended** | **Foundation phase** | **Intermediate phase** | **Intermediate/senior phase ( 4–7)** |

| | | | |
|---|---|---|---|
| **Accommodation required:** | **Yes** | **No** | **Time of arrival:** _____ |

**Signature of teacher:**
**Date:**