Annexure A

GRADE 6 NATURAL SCIENCES AND TECHNOLOGY TRAINING REGISTRATION FORM
17–19 JULY 2017

EDUCATION DISTRICT: _____ **CIRCUIT:** _____

SCHOOL NAME: _____

PRINCIPAL CONTACT NO.: _____

SCHOOL EMAIL ADDRESS: _____

LANGUAGE OF LEARNING AND TEACHING (LoLT): _____

COLUMN

1. Surname as per ID book
2. Full first name as per ID book
3. Persal number of (WCED permanent teachers)/ID number (governing body-appointed teachers AND all WCED teachers on contract) also include SACE number
4. Position: P=Principal; DP=Deputy Principal; HOD=Head of Department; T=Teacher and LST=Learning Support Teacher
5. Language of Teaching and Learning (LoLT)
6. Grades taught currently by teacher
7. Indicate special dietary needs: H=Halaal; V=Vegetarian; D=Diabetic; N=Normal
8. Gender: M=Male; F=Female
9. Specify accommodation (rural districts): N/A=not applicable; H=Hostel; C=Commercial and P=Private

Add rows if needed.

GRADE 6 **Natural Sciences and Technology** teachers:								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

DISTRICT:

YOUR SCHOOL:

YOUR CELL NO:

PROVINCIAL ADMINISTRATION: WESTERN CAPE

BAS ENTITY MAINTENANCE

Bank Details

DETAILS OF ACCOUNT HOLDER:

Name: ……
Address: ……
……
……
……
Postal Code: ……
Contact Person: …… Tel. No. ……
E-mail Address: ……

Educator/Official: Persal No. ☐☐☐☐☐☐☐☐ **(If applicable to account holder)**

I/We hereby request and authorise you to pay any amounts, which may accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorized will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/We understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account. This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

……	……	……
Initials and Surname	Authorized Signature	Date

Name of Bank ☐

Name of Branch ☐

Branch Code ☐☐☐☐☐☐

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account
- Current Account ☐
- Savings Account ☐
- Transmission Account ☐

DATE STAMP OF BANK ACCOUNT PARTICULARS CERTIFIED AS CORRECT AS WELL AS BANK OFFICIAL SIGNATURE

ADDRESS TO SEND THE BANK PAYMENT STUB (Same as above)