



Reference: 20190409-3594  
File no.: 12/2/13/5  
Enquiries: I Teladia

Curriculum GET Minute: DCG 0007/2019

To: Deputy Directors-General, Chief Directors, Directors, Deputy Directors (Head Office and district offices), Heads: Curriculum Support, Heads: Management and Governance, Circuit Managers, Deputy Chief Education Specialists, FET Coordinators, GET Coordinators, Subject Advisers and Principals of all ordinary public primary and combined schools

**Subject: Notice of Life Orientation Career Planning training for Grades 8 and 9 teachers**

1. The Western Cape Education Department (WCED) has made it a priority to provide training to all Grades 8 and 9 Life Orientation teachers on Career Planning.
2. Training will be conducted at the Cape Teaching and Leadership Institute (CTLI) over a period of two days.
3. This minute serves to inform all Grades 8 and 9 Life Orientation teachers that the above training will take place as follows:

<b>Tuesday, 18 June to Wednesday, 19 June 2019</b>	Training times: <ul style="list-style-type: none"><li>• Tuesday: Registration at 08:00</li><li>• Tuesday and Wednesday: 08:30–16:00</li></ul>
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4. **Registration**

Teachers are requested to register online using the following link: <https://docs.google.com/forms/d/167SR0K9RE4Ce03HgbnK8up6OOlu7LzvlvJmjCH5jB9s/edit> on or before **Friday, 24 May 2019**. It is essential that schools provide accurate registration information so that any logistical problems can be avoided at the training.

5. **Travel**

5.1 A travel allowance will be paid, subject to the following conditions:

- Full training course attendance must be confirmed.
- The total distance travelled for the **two-day** period **must exceed 100 km**, i.e. at least a 50 km return trip each day.
- The total distance claimed for the **two-day** period **may not exceed 800 km**.
- Participants who exceed **a 140 km return trip** are advised to register for accommodation instead.

5.2 Travel claims will be assessed according to the following criteria:

Use of own car	As far as possible, teachers must share transport. Only the driver or owner of the vehicle may claim for the kilometres travelled. Passengers must be listed. A standard rate of R3,00 per kilometre will be paid. Engine capacity will not apply.	
Use of a lift club (paid or free) in a private car	Only the driver or owner of the vehicle may claim for the kilometres travelled. Passengers must be listed. A standard rate of R3,00 per kilometre will be paid. Engine capacity will not apply.	
Use of the school bus	The school must submit a letter indicating that the school bus was used for this course, the names of the passengers and the distance travelled. A standard rate of R3,00 per kilometre will be paid. Engine capacity will not apply.	
Use of a registered service provider  <i>IMPORTANT: Prior approval must be obtained in writing from the district's GET coordinator.</i>	Step 1	The school must obtain three quotations prior to the training.
	Step 2	The school must submit these quotations to the GET coordinator. The lowest quotation will be accepted.
	Step 3	The GET coordinator must provide written confirmation to the principal that the service can be contracted.
	Step 4	The school must arrange for the hire of the service.
	Step 5	After the service the <b>school</b> must pay the service provider and obtain a receipt.
	Step 6	For reimbursement, the school must submit a letter to the district claims manager indicating that the service provider was used and listing the names of the passengers and details of the distance travelled. The quotations, the approval of the GET coordinator and the final paid invoice must be attached.

	<p>All paperwork must be kept as evidence for the internal auditor. The WCED will <b>only</b> reimburse the school upon receipt of signed documentation, including the <b>prior</b> written approval of the district's GET coordinator.</p> <p>Teachers must arrange a group pick-up at a central point.</p>
<p>Use of public transport, e.g. a public taxi, bus or train for short distance travel</p>	<p>Claims must indicate the start and end point of each stage of the journey.</p> <p>Reimbursements will be made according to standard rates.</p> <p>Evidence (tickets) may be requested by the claims official so that the claim can be validated.</p> <p>No metered taxi fares may be claimed.</p>

## 6. Accommodation and meals

- 6.1 The WCED will provide accommodation and meals at the CTLI for teachers from rural districts only, subject to the following conditions:
- The distance to the training venue must **exceed 50 km** one way, i.e. 100 km return trip.
  - Full training course attendance must be confirmed.
  - Registration must be completed in advance.
- 6.2 Accommodation will be provided from the first to the last day of the training course, with the option of checking in at 14:00 and 17:00 on the day before the start of the course.

## 7. How to claim

- 7.1 All teachers who wish to lodge a claim must complete the attached Bank Details Form and submit it to the claims desk at the training venue on the first day. The Bank Details Form must be stamped by the bank and only an **original** form may be submitted. No faxes or photocopies will be accepted. Teachers must complete this form **before** the training starts (i.e. arrive at the venue with this form already completed).
- 7.2 All claims must be supported by original documentation. No faxes or photocopies will be accepted.
- 7.3 Claimants will be reimbursed only after completion of the training course and therefore will have to pay their own expenses upfront. Where necessary, schools are kindly requested to assist their teachers in this regard. Proof of payments must be kept.
- 7.4 Reimbursements will be made only after careful scrutiny of claims, and the WCED reserves the right to make the final decision where there is any discrepancy or non-compliance.

7.5 All claims must be submitted at the training venue where officials will be on hand to assist claimants.

7.6 No late or incomplete claims will be accepted, unless there are exceptional extenuating circumstances and reimbursement cannot be guaranteed.

8. **Queries**

Should you have any further queries, please do not hesitate to contact Ismail Teladia at tel. no. 021 467 2199 or email: [Ismail.Teladia@westerncape.gov.za](mailto:Ismail.Teladia@westerncape.gov.za).

9. Principals are kindly requested to bring the contents of this minute to the attention of all Grades 8 and 9 Life Orientation teachers.

**SIGNED:** PAD BEETS

**DEPUTY DIRECTOR-GENERAL: CURRICULUM AND ASSESSMENT MANAGEMENT**

**DATE:** 2019-04-23



# PROVINCIAL GOVERNMENT WESTERN CAPE

PGWC 006

## BAS ENTITY MAINTENANCE BANK DETAILS

DEPARTMENT

OFFICE

### System User Only

BAS Ref No. \_\_\_\_\_

Captured By: \_\_\_\_\_

Date Captured: \_\_\_\_\_

Authorised By: \_\_\_\_\_

Date Authorised: \_\_\_\_\_

### Bank Details

#### DETAILS OF FIRM / INSTITUTION:

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

I/We understand that the credit transfers hereby authorised 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

Authorised Signature

Date dd/mm/ccyy

Name of Bank \_\_\_\_\_

Name of Branch \_\_\_\_\_

Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account  Current Account  Other (specify ) .....

Savings Account

Transmission Account

DATE STAMP OF BANK  
BANK ACCOUNT PARTICULARS  
CERTIFIED AS CORRECT

### FOR OFFICE USE ONLY

#### APPROVED BY HEAD OF OFFICE

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_