



APPLICATION FOR EMPLOYMENT

ADDENDUM A/B

WHAT IS THE PURPOSE OF THIS FORM

To assist a government department in selecting a person for an advertised post.

This form may be used to identify candidates to be interviewed. You **need to fill in all sections of this form** completely, accurately and legibly. This will help to process your application fairly.

WHO SHOULD COMPLETE THIS FORM

Only persons wishing to apply for an advertised position in a government department.

ADDITIONAL INFORMATION

This form requires basic information. Candidates who are selected for interviews will be requested to furnish additional certified information that may be required to make a final selection.

SPECIAL NOTES

1 – All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport.

2 – Passport number in the case of non-South Africans.

3 – This information is required to enable the department to comply with the Employment Equity Act, 1998.

4 – This information will only be taken into account if it directly relates to the requirements of the position.

5- The Executive Authority shall consider the criminal record (s) against the nature of the job functions in line with internal **information security and disciplinary code**.

6- The applicant may submit additional information separately where the space provided is not sufficient.

7- Departments must accept certified documents that accompany the application(s) with certification that is up to 6 months, unless the advert prescribes a longer period.

A. THE ADVERTISED POST (All sections of this form are compulsory)

| | |
|--|---|
| Position for which you are applying (as advertised) CHIEF / SENIOR / COMMUNITY INVIGILATOR | Department where the position was advertised WESTERNSCAPE EDUCATION |
| Reference number (as stated in the advert) NSC/SC 2021 | If you are offered the position, when can you start OR how much notice must you serve with your current employer? |

B. PERSONAL INFORMATION¹

| | | | | | | | | | | | | | | |
|---|----------------|------------------------------|-----------------|--|--|----------------|--|--|---------------|--|--|--|--|--|
| Surname and Full names | | | | | | | | | | | | | | |
| Date of Birth | DD/MM/YY | Identity Number | | | | | | | | | | | | |
| | | Passport ² number | | | | | | | | | | | | |
| Race ³ | African | White | Coloured | | | Indian | | | Other | | | | | |
| Gender ³ | | | | | | Female | | | Male | | | | | |
| Do you have a disability? | | | | | | Yes | | | No | | | | | |
| Are you a South African citizen? | | | | | | Yes | | | No | | | | | |
| If no, what is your nationality? | | | | | | | | | | | | | | |
| Do you have a valid work permit? (only if non-South African) | | | | | | Yes | | | No | | | | | |
| Have you been convicted or found guilty of a criminal offence (including an admission of guilt)? ⁵ If yes (provide the details) | | | | | | Yes | | | No | | | | | |
| Do you have any pending criminal case against you? If yes, (provide the details) ⁵ | | | | | | Yes | | | No | | | | | |
| Have you ever been dismissed for misconduct from the Public Service? ⁴ If yes (provide the details) ⁶ | | | | | | Yes | | | No | | | | | |
| Do you have any pending disciplinary case against you? If yes, (provide the details) | | | | | | Yes | | | No | | | | | |
| Have you resigned from a recent job pending any disciplinary proceeding against you? ⁴ If yes, (please note that the provisions of the Public Service Act shall apply). | | | | | | Yes | | | No | | | | | |
| Have you been discharged or retired from the Public Service on grounds of Ill-health or on condition that you cannot be re-employed? ⁴ | | | | | | Yes | | | No | | | | | |
| Are you conducting business with the State or are you a Director of a Public or Private company conducting business with the State? ⁶ If yes, (provide the details) ⁶ | | | | | | Yes | | | No | | | | | |
| In the event that you are employed in the Public Service, will you immediately relinquish such business interests? | | | | | | Yes | | | No | | | | | |
| Please specify the total number of years of experience you have | | | | | | Private Sector | | | Public Sector | | | | | |
| If your profession or occupation requires official registration, provide date and particulars of registration | | | | | | Date | | | Reg. No | | | | | |

| | | | | | |
|---|--|-------------|---------------|------------|------------------|
| 8- Each application for employment form must be duly signed and initialed by the applicant. Failure to sign this form may lead to disqualification of the application during the selection process. | C. CONTACT DETAILS AND MEDIUM OF COMMUNICATIONS | | | | |
| | Preferred language for correspondence | | | | |
| | Method for correspondence | Post | E-mail | Fax | Telephone |
| | Contact details (in terms of the above) | | | | |

| | | | | | |
|---|---------------------|--|--|--|--|
| D. SOUTH AFRICAN OFFICIAL LANGUAGE PROFICIENCY – state 'good', 'fair', or 'poor' | | | | | |
| | Languages (specify) | | | | |
| Speak | | | | | |
| Write or read | | | | | |

| | | |
|---|--------------------------------|---------------|
| E. FORMAL QUALIFICATION⁷ (from highest to the lowest) | | |
| Name of School/Technical College | Name of qualification obtained | Year obtained |
| | | |
| | | |
| | | |
| Current study (institution and qualification): | | |

| F. WORK EXPERIENCE (Also attach a detailed CV)⁶ | | | | | | | |
|---|-----------|------|----|----|----|--------------------|-----------|
| Employer (including current employer) | Post held | From | | To | | Reason for leaving | |
| | | MM | YY | MM | YY | | |
| | | | | | | | |
| | | | | | | | |
| If you were previously employed in the Public Service, is there any condition that prevents your re-appointment | | | | | | Yes | No |
| If yes, Provide the name of the previous employing department and indicate the nature of the condition. | | | | | | | |

| G. REFERENCES | | |
|-----------------------|---------------------|-------------------------|
| Name | Relationship to you | Tel. No. (office hours) |
| NOT APPLICABLE | | |

| | |
|--|--------------|
| DECLARATION | |
| <i>I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information provided will result in my application being disqualified or disciplinary action taken against me if I am appointed:</i> | |
| Signature: | Date: |



ADDENDUM C

NOMINATION OF INVIGILATORS

TO BE COMPLETED BY THE PRINCIPAL/CHIEF INVIGILATOR AND SENT TO THE CIRCUIT MANAGER FOR EACH OF THE PARTICULAR EXAMINATIONS

* Attach a certified copy of the ID document and highest qualification for each invigilator (for community members only)

Examination: (Tick appropriate option)

- ☐ National Senior Certificate June 2021 examination
☐ National Senior Certificate November 2021 examination

Name of school/centre: _____

Centre number:

Grid for entering centre number

A: APPOINTMENT OF COMMUNITY MEMBERS AS INVIGILATORS

Please complete the table below of all the community members appointed as invigilators.

Table with 6 columns: FULL FIRST NAMES AND SURNAME, ADDRESS (include street numbers please), IDENTITY NUMBER (attach a certified copy please), CELL NO, HIGHEST QUALIFICATION (attach a certified copy please), SIGNATURE OF INVIGILATOR. Contains 5 empty rows for data entry.

B: APPOINTMENT OF EDUCATORS AS INVIGILATORS

Please complete the table below of all the **educators** appointed as invigilators.

| FULL FIRST NAMES AND SURNAME | IDENTITY NUMBER | PERSAL NUMBER | SIGNATURE OF INVIGILATOR |
|------------------------------|-----------------|---------------|--------------------------|
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C: I declare that the above-mentioned invigilator(s) is/are suitable, and I have satisfied myself that he/she/they will perform the invigilation duties diligently.

SIGNATURE OF CHIEF INVIGILATOR

DATE

D: Appointment(s) approved / not approved.

SIGNATURE OF CIRCUIT MANAGER

DATE



ADDENDUM E

CONTRACT OF TEMPORARY EMPLOYMENT FOR COMMUNITY MEMBERS

SENIOR INVIGILATOR/INVIGILATOR OF EXAMINATIONS

1. CONTRACTING PARTIES

This contract is entered into between the Western Cape Education Department (hereinafter known as the EMPLOYER), represented by Brian Schreuder in his capacity as Head: Education or her delegate (represented by the education district's Institutional Management and Governance Manager of the EMPLOYER), and

_____ (hereinafter known as the EMPLOYEE) to be appointed as senior invigilator/invigilator of examinations at

NAME OF SCHOOL/CENTRE: _____

CENTRE NO:

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

2. TERMS AND CONDITIONS

It is agreed that the senior invigilator/invigilator is appointed in terms of the Regulations pertaining to the National Senior Certificate examination published in Government Gazette No. 37651 of 16 May 2014, and the terms and conditions set out in the **EXAMINATION PROCEDURE MANUAL**.

3. DURATION

Irrespective of the date or dates of the signing of this agreement by the parties, it is agreed that the agreement shall be deemed to be in force and effective from June to November 2021.

4. DOMICILIA AND NOTICES

The parties hereby select their street and postal addresses for the purposes of this agreement, including the serving of all notices and processes in connection herewith, as undermentioned.

THE EMPLOYER: HEAD: EDUCATION, WESTERN CAPE EDUCATION DEPARTMENT, PRIVATE BAG X9114, CAPE TOWN, 8000

The EMPLOYEE: _____

Street address: _____

Postal address: _____

Done and executed by the parties at the places and on the dates respectively set opposite their names.

Signed on behalf of the EMPLOYER at _____

on this _____ day of _____ 2021

on behalf of the EMPLOYER (signature)

As witness (signature)

Signed on behalf of the EMPLOYEE at _____

on this _____ day of _____ 2021

EMPLOYEE (signature)

As witness (signature)

COMPANY DETAILS "Company"

To be completed by Company Agent

Company Name: _____ Email: _____
 Agent Name: _____ Mobile No: _____

CANDIDATE PERSONAL INFORMATION

Surname: _____
 Full Names: _____
 Maiden Name: _____ Date of Birth: _____
 ID Number / Identifier:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Description of Identifier: _____
 eg. South African ID Number, Zimbabwean Passport Number, etc.

DEFINITIONS IN TERMS OF BELOW CONSENT

- ✓ "Candidate" means the person completing this document to be considered by the Company for purposes of employment/ continuation of employment;
- ✓ "Company" refers to MIE Client;
- ✓ "Consumer Credit Information" shall have the meaning ascribed to it in section 70 of the NCA;
- ✓ "FAIS Act" shall mean the Financial Advisory and Intermediary Services Act of 2002;
- ✓ "FSB" refers to the Financial Services Board;
- ✓ "NCA" shall mean the National Credit Act, No 34 of 2005, as amended from time to time, including any regulations made under the Act;
- ✓ "Personal Information" shall have the meaning ascribed to it in Chapter 1 of POPI and includes, but is not limited to a name, address, email address, telephone or fax number, fingerprints, criminal history and education or other personal credentials provided, or which is collected from the candidate or other third parties, before and/or during the background screening process and/or thereafter;
- ✓ "POPI" shall mean the Protection of Personal Information Act, No 4 of 2013, as amended from time to time, including any regulations made under the Act;
- ✓ "Privacy and Data Protection Conditions" refers to the 8 (eight) statutory prescribed conditions for the lawful Processing of Personal Information;
- ✓ "Responsible Parties" have meaning to the Company and MIE together, and "Responsible Party" any one of them;
- ✓ "Verification Information Suppliers" shall mean third parties acting on behalf of MIE, including, but not limited to, criminal record bureaus, credit bureaus, governmental bodies, and any educational, training, and fraud prevention organisations;

CONSENT FOR THE USE OF PERSONAL INFORMATION

- ✓ I hereby authorize the Company's duly authorized verification agent, Managed Integrity Evaluation (Pty) Ltd ("MIE"), to access my Personal Information and conduct background screening checks including, but not limited to, credit, qualifications, employment references, criminal record, fraud prevention, ID verification and drivers' licence.
- ✓ I consent to requests for consumer credit information to be released for the below prescribed purposes only:
 - ✓ For employment in a position of trust and honesty and entails the handling of cash or finances;
 - ✓ Fraud prevention or detection.
- ✓ I understand that verification requests form part of the background screening process and:
 - ✓ That requests for credit information from Credit Bureaus will only be conducted under the regulations defined as per the NCA;
 - ✓ Data obtained from the FSB serve only for the purpose to determine the fitness and propriety as envisaged in the FAIS Act.
- ✓ I acknowledge that any Personal Information supplied to the Company is provided voluntarily and that the Company may not be able to comply with its obligations if the correct Personal Information is not supplied to the Company.
- ✓ I understand that privacy is important to the Responsible Parties and the Responsible Parties will use reasonable efforts in order to ensure that any Personal Information in their possession or processed on their behalf is kept confidential, stored in a secure manner and processed in terms of South African law and for the purposes I have authorised.
- ✓ I warrant that all information, including Personal Information, supplied to the Company is accurate and current and agree to correct and update such information when necessary.
- ✓ By submitting any Personal Information to the Company in any form I acknowledge that such conduct constitutes a reasonable unconditional, specific and voluntary consent to the processing of such Personal Information in the following manner by the Company and/or verification information suppliers:
 - ✓ Personal Information may be shared by the Company with MIE and may be further shared by MIE with the Verification Information Suppliers for verification or other legitimate purposes;
 - ✓ Personal Information may be shared by the Verification Information Suppliers with MIE and be further shared by MIE with the Company and MIE's other clients for purposes of continued or future employment or for other legitimate purposes as per the NCA;
 - ✓ Personal Information may be stored for a reasonable period by the Company, MIE and/or the Verification Information Suppliers, and
 - ✓ Personal Information may be transferred cross-border to countries, which do not necessarily have data-protection laws similar to South Africa, for verification or storage purposes. In any cross-border transfer of personal information the recipient will be notified of the need to protect the confidentiality of the personal information.
- ✓ I take note that if the Responsible Party has utilised the Personal Information contrary to the Privacy and Data Protection Conditions, I may first resolve any concerns with that Responsible Party. If I am not satisfied with such process, I have the right to lodge a complaint with the Information Regulator.
- ✓ A copy of Personal Information kept by the Responsible Parties will be furnished to me upon request in terms of the provisions of POPI or the NCA and I understand that I may dispute any information in the record provided.
- ✓ I unconditionally agree to indemnify the Responsible Parties, and Verification Information Suppliers, acting in good faith in taking reasonable steps to process my personal information lawfully, against any liability that may result from the processing of my personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the Company by myself or by a third party in respect of me.

CANDIDATE SIGNATURE

MOBILE NUMBER

____ / ____ / ____
DD MM CCYY

COMPANY AGENT SIGNATURE

____ / ____ / ____
DD MM CCYY

