



**ANNEXURE A**

**WES-KAAP ONDERWYSDEPARTEMENT  
WESTERN CAPE EDUCATION DEPARTMENT  
ISEBE LEMFUNDO LENTSHONA KOLONI**

**EXIT QUESTIONNAIRE**

Please complete all the relevant sections below. The WCED will treat the information as confidential and will use it solely for the compiling of monitoring reports. Please complete the questionnaire as frankly as possible.

**Completion of this questionnaire is compulsory for all educators and public service employees leaving the employ of the Western Cape Education Department.**

**SECTION A  
(TO BE COMPLETED BY BOTH EDUCATORS AND PUBLIC SERVICE  
EMPLOYEES)**

1. Surname and initials: .....	2. ID number : <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
3. Persal number: <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					4. School or institution where employed: .....
5. Education district : .....	6. Job title : .....																				
7 (a). Salary level: ..... (Public service employees)	(b) Post Level: ..... (Educators)																				
8. Employment start date: .....	9. Last day of service: .....																				
10. Reason for termination of service (e.g. resignation, retirement): .....	11. Total years of service with the WCED: .....																				

<p>11. Sex (Mark with an X):</p> <table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<p>12. Age in years (Mark your age group with an X):</p> <table border="1"> <tr> <td>18-29</td> <td><input type="checkbox"/></td> <td>30-39</td> <td><input type="checkbox"/></td> <td>40-49</td> <td><input type="checkbox"/></td> </tr> <tr> <td>50-59</td> <td><input type="checkbox"/></td> <td>60+</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	18-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60+	<input type="checkbox"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>														
18-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>												
50-59	<input type="checkbox"/>	60+	<input type="checkbox"/>														
<p>13. Population group (Mark your population group with an X):</p> <table border="1"> <tr> <td>African</td> <td><input type="checkbox"/></td> <td>Coloured</td> <td><input type="checkbox"/></td> <td>Asian</td> <td><input type="checkbox"/></td> <td>White</td> <td><input type="checkbox"/></td> </tr> </table>	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	<p>14. Nationality:</p> <table border="1"> <tr> <td>South African</td> <td><input type="checkbox"/></td> <td>Non South African</td> <td><input type="checkbox"/></td> </tr> </table>	South African	<input type="checkbox"/>	Non South African	<input type="checkbox"/>				
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South African	<input type="checkbox"/>	Non South African	<input type="checkbox"/>														
<p>15. Disability:</p> <table border="1"> <tr> <td>Disability</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>												
Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>													

**SECTION B1 – QUALIFICATIONS AND CAREER EXPERIENCE  
(TO BE COMPLETED BY EDUCATORS ONLY)**

A. In the table below, please state what degree, diploma or certificate you have obtained; the year in which each was obtained; and your major(s) or teaching subject(s), where applicable.

Degree, diploma or certificate	Type of degree, diploma or certificate	Year obtained	Major or teaching subject(s)
Teacher's diploma			
Bachelor degree			
Post-graduate diplomas			
Honours degree			
Masters degree:			
Doctorate:			
Other (Please specify): <hr/>			

B. List the subjects you have taught during your teaching career at the following levels:

Foundation Phase (R – 3) <b>Subjects taught</b>	Intermediate Phase (4 – 6) <b>Subjects taught</b>	Senior Phase (7 - 9) <b>Subjects taught</b>	FET Band (10 – 12) <b>Subjects taught</b>

**SECTION B2 – QUALIFICATIONS  
(TO BE COMPLETED BY PUBLIC SERVICE EMPLOYEES ONLY)**

B. In the table below, please state what degree, diploma or certificate you have obtained; the year in which each was obtained; and your major(s) or teaching subject(s), where applicable.

<b>Diploma or degree</b>	<b>Type of degree, diploma or certificate</b>	<b>Year obtained</b>	<b>Major subject(s)</b>
Diploma			
Degree			
Post-graduate diploma			
Honours degree			
Masters degree:			
Doctorate:			
Other (Please specify):			

**SECTION C: YOUR REASON(S) FOR LEAVING THE EMPLOY OF THE WCED  
(TO BE COMPLETED BY BOTH EDUCATORS AND PUBLIC SERVICE EMPLOYEES)**

Please tick the appropriate “YES” or “NO” column for each of the reasons given below.

YOUR REASON(S) FOR LEAVING	YES	NO
1. Reached the retirement age		
2. Change of residence		
3. Leaving for family or personal reasons		
4. Leaving for health reasons		
5. Leaving for better salary or benefits		
6. Leaving to pursue another career		
7. Declared in excess		
8. Taking severance package		
9. Enrolled for course to improve career opportunities		
10. Dissatisfied with <b>changes</b> in job description or responsibilities		
11. Because of security or location of the office or school		
12. Have become eligible to receive full pension benefits		
13. Have become eligible to accept early retirement incentive		
14. Want to work in a different country		
15. Dissatisfied with current job as a career		
16. Department culture does not suit me		
17. Labour relations issues (discharged)		
18. Have not been exposed to training opportunities		
19. Not satisfied with the promotion or career opportunities		
20. Other (Please specify): ..... ..... .....		

**SECTION D (TO BE COMPLETED BY BOTH EDUCATORS AND PUBLIC SERVICE EMPLOYEES)**

**ADDITIONAL INFORMATION**

1. Would you return to the WCED? (If "Yes", why? If "No", why?)

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2. Is there anything the WCED could do to enrich the work experience of its employees?

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3. Is there anything that the WCED could have done to prevent your departure?

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4. Under what conditions would you have stayed?

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I certify that all the factual information provided above is correct.

.....  
SIGNATURE OF EMPLOYEE

.....  
DATE

**Thank you for taking the time to complete this questionnaire.**