**GAUTENG DEPARTMENT OF EDUCATION**

**GDE 2R**

****

**APPLICATION FOR PROMOTION (PL 2-4), EDUCATION THERAPIST AND LSE POSTS**

1. **NOTES**

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| **WHAT IS THE EMPLOYMENT PROFILE (GDE2R) FORM?**It is a form to be used by an applicant when applying for an advertised educator promotion and education therapist post**WHO SHOULD COMPLETE THIS EMPLOYMENT PROFILE (GDE 2R) FORM?**Only suitably qualified persons wishing to apply for an advertised position in the GDE Institutions.**ADDITIONAL INFORMATION**This form requires basic information. Candidates who are selected for interviews will be requested to bring along certified qualifications, ID, SACE, HPCSA certificate and payslip (if from another province).* This form will be the only form that will be accepted. **NO CV MUST BE ATTACHED**
* Headings must not be changed (i.e., 11 headings excluding the declaration)
 |

1. **PARTICULARS OF ADVERTISED POST**

|  |  |
| --- | --- |
|  Post Number: **(as stated in the advert)** |  |

1. **PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| SURNAME  |  |
| NAME(S) |  |
| PERSAL NO   |  |
| I.D. NO.  |  |
| GENDER(Male/Female/Other) | Male | Female |  |
| RACIAL GROUP (For Employment Equity and Statistical Purposes) | African | Coloured | Indian | White |  |
| Do you have a disability?  | Yes | No |
| Are you a South African citizen?  | Yes | No |
| Do you have a WORK permit / PERMANENT residence permit? | Yes |  No | If yes, Permit Number/ID |  |
| Have you been convicted of a criminal offence? (x) (If yes, attach clearance letter) | Yes  | No |
| Have you been dismissed due to misconduct? (x) (If yes, attach clearance letter) | Yes  | No |
| Have you been convicted in line with the Sexual Offences and Related Act case? | Yes | No |
| Were you previously employed in the public service sector? (x) **(N/A for current employees)** | Yes | No |
| If yes, how was your service terminated? (x) Please indicate date:  \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | VSP (voluntary severance package) | RESIGNED | ILL-HEALTH | MISCON-DUCT  | Other (specify) |
| Are you professionally registered? - **PLEASE STATE COUNCIL AND NUMBER (e.g. SACE)** Yes/ No | Yes | No | Council name and registration number: |
| Are you Additional to current Post Establishment? Yes/No (Attach evidence) | Yes | No | Name of the institution and Province:  | Post level (in addition): |
| 1. **CONTACT DETAILS**
 |  |  |  |  |
| Contact number:( ) | Alternative contact number: ( ) |
| Postal Address |  | Postal Code |
| Physical Address |  | Fax Number |  |
| Cell Number |  | E-Mail Address |  |
| Name and Contact details for next of Kin |  | Relationship |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGES** (Specify) | **(example) English** |  |  |  |  |  |
| Speak | **x** |  |  |  |  |  |
| Write | **x** |  |  |  |  |  |
| Read | **x** |  |  |  |  |  |
| Teach | **x** |  |  |  |  |  |

**5. LANGUAGES****6. QUALIFICATIONS** |
| School/University/College | Qualification(s) |  Subjects/Majors/ Specialisation |
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| 1. **ADDITIONAL CERTIFICATES OF OTHER COURSES ATTENDED**
 |
| **Name of course** | **Service provider/Institution** | **Duration of course** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 1. **SKILLS: (e.g. MANAGEMENT OR LEADERSHIP AS AN EDUCATOR**
 |
| 1. |
| 2. |
| 3. |
| 4. |
| 5 |
| 1. **EXPERIENCE**
	1. **CURRENT POSITION OF EMPLOYMENT (IF EMPLOYED BY SGB OR INDEPENDENT SCHOOL OR TVET COLLEGE, PLEASE ATTACH EVIDENCE)**
 |
| Department/Employer | Institution | Learning Areas/Subjects & Grades | Post Level | EXACT DATES IN CURRENT POST | TOTAL |
|  |  |  |  | FROM(M / Y) | YEARS | MONTHS |
|  |  |  |
| **b. PREVIOUS EMPLOYMENT IN EDUCATION (IF EMPLOYED BY SGB ,HIGHER EDUCATION INDEPENDENT SCHOOL OR TVET COLLEGE, PLEASE ATTACH EVIDENCE)** |
| Department/Employer | Institution | Post Level | Learning Areas and Grades | EXACT DATES | TOTAL |
|  |  |  |  | FROM(M / Y) | TO(M / Y) | YEARS | MONTHS |
|  |  |  |  |  |  |  |  |
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| 1. **EXTRA AND CO- CURRICULAR ACTIVITIES (e.g. Leadership, Administrative and management)**
 |
| TYPE OF ACTIVITY  | ORGANISATION | DURATION |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 1. **REFERENCES**
 |
| NAME | CONTACT DETAILS | RELATIONSHIP |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |