

Panel Application form

What is the purpose of this form?

To assist the Eastern Department of Education in selecting candidates for inclusion in the Panel for Leadership Management and Governance programme. Members of this panel will assist in the recruitment of principals of schools and when so required a panel can act as principal in a vacant post.

This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in 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 the advertised panel.

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 - Applicants with substantial qualifications or work experience

A. Panel for Leadership Management and Governance

Indicate District (s) where you intend to provide support:

Name of the District		Indicate with X	Name of the District		Indicate with X
1	Butterworth		13	Maluti	
2	Cofimvaba		14	Mbizana	
3	Cradock		15	Mt Fletcher	
4	Dutywa		16	Mt Frere	
5	East London		17	Mthatha	
6	Fort Beaufort		18	Ngcobo	
7	Graaff-Reinet		19	Port Elizabeth	
8	Grahamstown		20	Queenstown	
9	King Williams Town		21	Qumbu	
10	Lady Frere		22	Sterkspruit	
11	Libode		23	Uitenhage	
12	Lusikisiki				

B. Personal information

Surname				
First Names				
Date of Birth				
ID number ²				
Driver's License				
Race ³				
Indicate with an X	African	White	Coloured	Indian
Gender ³			FEMALE	MALE
Indicate with an X				
Do you have a disability? ³			YES	NO
Are you a South African Citizen?			YES	NO
If no, what is your Nationality				
And do you have a valid work Permit?			YES	NO
Have you ever been convicted of a criminal offence or been dismissed from employment? ⁴			YES	NO

must attach a CV.	If your profession or occupation requires State or official registration, provide date and particulars of registration.	
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C. How do we contact you	
Preferred language	
Telephone number	
Email Address	
Mobile Number	

D. Language proficiency - state 'good', 'fair' or 'poor'						
	Languages (specified)					
Speak						
Read						
Write						

E. Qualifications		
Name of School / Technical College	Highest qualification obtained	Year Obtained
<i>Tertiary education (complete for each qualification you obtained)</i>		
Name of Institution	Name of Qualification	Year Obtained
Current study (institution and qualification)		

F. Current work status				
	Currently Employed	Retired	Self-employed	Other
Indicate with an X				

If Other, please elaborate:



K: what was the most effective team you have worked in?

L: Think of a time when you were so stretched by a project or an assignment, that you felt that you might not have been able to complete it. How did you cope? What was the final outcome?



M: Extra:

Please highlight any skills and experience (paid or voluntary) that you may have, which are relevant to the role stated herein, and state why you feel you are suitable for this position. (Use separate sheet if necessary.)

N. References

Name	Relationship to you	Tel. No. (office hours)

Declaration

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 supplied could lead to my application being disqualified or my discharge if I am appointed.

Signature:

Date: