



LENASIA MUSLIM SCHOOL

P.O.Box 182
Lenasia
1820

Tel: 011 857 1220/1/2/3
Fax: 011 857 1365
E-mail:
secondary@lenasiamuslimschool.co.za

REGISTRATION FORM

STAFF INFORMATION

STAFF

Title: Mr Mrs Miss Ms Other

Full names: _____

Surname: _____

Initials: _____

Preferred name: _____

Date of birth: _____

ID number: _____

Gender: Male Female

Ethnic group: _____

Home language: _____

Disability: None Epilepsy Hearing Sight
 Physical Multiple Other: _____

Home telephone number: _____

Mobile number: _____

E-mail: _____

Residential address: _____

Postal address: _____

NEXT OF KIN INFORMATION

Name: _____

Contact number: _____

MEDICAL AID INFORMATION

Name: _____

Telephone number: _____

Member number: _____

Head member: _____

APPOINTMENT INFORMATION

Main Category: _____

Additional Category: _____

Valid categories:

- | | |
|------------------------|------------------------|
| Principal | Senior Phase |
| Administration | Cleaning & Maintenance |
| Management | Foundation Phase |
| Pre-Primary | After School Care |
| Computer Centre | Shop/Tuck Shop |
| Extramural Activity | Intermediate Phase |
| Governing Body | Auditors |
| Security | Deputy Principal |
| Head of Department | Marketer |
| Sport organizer | Kinetics |
| Finance | FET Phase |
| Extra-Curricular Coach | Cook |
| Hostel Staff | Nurse |
| Occupational Therapist | Physiotherapist |
| Practitioner | Psychologist |
| Speech Therapist | Sport Coach |
| Teacher Assistant | Housekeeper |
| Support staff | Caretaker |
| IT technician | Auxilliary Nurse |
| Remedial Therapist | Audiologist |
| Class assistant | Cleaner |
| District official | Education therapist |
| Educator Assistant | Food Aid |
| Food Nutrition Staff | Janitor |
| Librarian | Librarian assistant |
| LSA | Mobility Instructor |
| OT Assistant | Other assistant |
| Physio Assistant | School transport |
| Social worker | Volunteer |
| Hostel Parent | Bus Driver |

DEPARTMENTAL POST DESCRIPTION

- | | |
|---|---|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Deputy Principal |
| <input type="checkbox"/> Head of Department | <input type="checkbox"/> Educator |

APPOINTED FOR POSITION

- | | |
|---|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Deputy Principal |
| <input type="checkbox"/> Head of Department | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Special Educator | <input type="checkbox"/> Remedial Educator |
| <input type="checkbox"/> Other | <input type="checkbox"/> Principal (ECD) |
| <input type="checkbox"/> ECD Practitioner | <input type="checkbox"/> External DSG Educator |
| <input type="checkbox"/> External DSG Principal | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Care Centre Manager | |

ACTING IN POSITION

- | | |
|---|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Deputy Principal |
| <input type="checkbox"/> Head of Department | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Special Educator | <input type="checkbox"/> Remedial Educator |
| <input type="checkbox"/> Principal (ECD) | <input type="checkbox"/> Other |
| <input type="checkbox"/> ECD Practitioner | <input type="checkbox"/> External DSG Educator |
| <input type="checkbox"/> External DSG Principal | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Care Centre Manager | |

APPOINTMENT

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Substitute | |

APPOINTMENT DATE AT THIS SCHOOL

Appointment date: _____

TEACH THE FOLLOWING PHASE(S)

- | | |
|---|---|
| <input type="checkbox"/> Pre-grade R | <input type="checkbox"/> Grade R |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Remedial / Special |
| <input type="checkbox"/> Further Education and Training | <input type="checkbox"/> Other |

REGISTRATION NUMBER

Income Tax number _____

Salary system number _____

SACE number _____

TEACHING EXPERIENCE

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-5 Years | <input type="checkbox"/> 6-10 Years |
| <input type="checkbox"/> 11-15 Years | <input type="checkbox"/> 16-20 Years |
| <input type="checkbox"/> 21-25 Years | <input type="checkbox"/> 26-30 Years |
| <input type="checkbox"/> 31-35 Years | <input type="checkbox"/> 36-40 Years |
| <input type="checkbox"/> 41-45 Years | <input type="checkbox"/> |

Specify _____

DOCUMENTATION (ATTACHED)

- | | |
|--|---|
| <input type="checkbox"/> Copies of Qualification | <input type="checkbox"/> Copy of SACE Registration |
| <input type="checkbox"/> ID copy | <input type="checkbox"/> Copies of Additional Courses |

Signature: _____

Date: _____

I hereby declare that the abovementioned information is correct.

QUALIFICATION

Qualification: _____

Valid qualifications:

- | |
|---|
| Two year teacher's certificate |
| Four-year Higher Diploma in Education |
| Four-year professional teaching degree |
| Higher Diploma in Education (Post-Graduate)/Post-Graduate Certificate in Education |
| One-year Post-Professional Teachers' Certificate (with specialization) |
| One-year Higher Diploma in Education |
| Diploma in Specialized Education |
| Further Diploma in Education |
| Advanced Certificate in Education |
| One-year National Higher Diploma/Bachelor of Technology (Education management/other specialization) |
| Partially completed first Bachelor's degree |
| Three-year Bachelor's degree |
| Four-year Bachelor's degree |
| Four-year Bachelor of Technology degree |
| Three-year National Diploma |
| Four-year National Higher Diploma |
| Post-Graduate Diploma (other than a HDE Post-Graduate) |
| Honours degree (including an old one-year B Ed/BEd Honours) |
| Master's degree |
| PHD / Doctor's degree |
| ABET Practitioner Certificate |
| ABET Practitioner Diploma |
| National N 3 to N 6 Certificates |
| Completed apprenticeship/passed trade test |
| National N Diploma |
| Grade 12 |
| ECD NQF Level 1 to 2 |
| ECD NQF Level 3 to 5 |
| Three-year Teacher's Diploma in Foundation Phase |
| Other |

QUALIFICATION

- | |
|---|
| <input type="checkbox"/> Without matric no training at all |
| <input type="checkbox"/> REQV 10 : A2 (Matric,no training) |
| <input type="checkbox"/> REQV 11 : A1 (Std 6,7,8,9 +2yrs training) |
| <input type="checkbox"/> REQV 12 : B (Matric + 1 or 2 yrs training) |
| <input type="checkbox"/> REQV 13 : C1 (Matric + 3 yrs BA, BSC etc) |
| <input type="checkbox"/> REQV 13 : C2 (Matric + 3 yrs teacher training) |
| <input type="checkbox"/> REQV 14 : D (Matric + 4 yrs training) |
| <input type="checkbox"/> REQV 15 : E (Matric + 5 yrs training) |
| <input type="checkbox"/> REQV 16 : F (Matric + 6 yrs training) |
| <input type="checkbox"/> REQV 17 : G (Matric + 7 yrs training) |