

NUWE HOOP • NEW HOPE SCHOOL

Tel: (012) 460 2234/5
e-pos / email: principal@newhopeschool.co.za

Ceciliaweg/Road
Ashlea Gardens
PRETORIA 0081



Postbus
P.O. Box 36085
MENLOPARK 0102

APPLICATION FOR NEW HOPE SCHOOL VACANCIES (SGB)

1. NOTES

This form requires basic information.

Please attach copies of:

1. CV
2. ID (certified) - not older than 3 months
3. All relevant qualifications (certified) - not older than 3 months
4. SACE (where applicable - Educators and Psychologists please attach)

This application form may only be emailed to application@newhopeschool.co.za - please clearly indicate which position you are applying for on the email.

Applications close at 17:00 pm on the day of the closing date.

Applications in hard copy will not be accepted.

Successful candidates will be required to submit a police clearance to the school, once appointed.

2. PARTICULARS OF ADVERTISED POST

Post Description (Available Post):

3. 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/PERMANENT residence permit?		Yes	No	If yes, Permit Number/ID	
Are you professionally registered? - PLEASE STATE COUNCIL AND NUMBER (e.g. SACE) Yes/No		Y e s	No	Council name and registration number:	

4. CONTACT DETAILS

Contact number: ()		Alternative contact number: ()	
Physical Address		Fax Number	

Cell Number		E-Mail Address	
Name and Contact details for next of Kin		Relationship	

5. LANGUAGES

LANGUAGES (Specify)	(example) English					
Speak	x					
Write	x					
Read	x					
Teach	x					

6. COMPUTER LITERACY - state "good", "fair", "poor"

Programs:	Good	Fair	Poor
Typing			
Internet/e-mails			
Microsoft Excel			
Microsoft Word			
PowerPoint			
SAGE 1			
Other:			

7. QUALIFICATIONS

School/University/College	Qualification(s)	Subjects/Majors/Specialisation	Year of Completion

8. ADDITIONAL CERTIFICATES OF OTHER COURSES ATTENDED

Name of course	Service provider/Institution	Duration of course
1.		
2.		

3.		
4.		
5.		
6.		

9. SKILLS: (e.g.) Management or leadership

10. EXPERIENCE

a. CURRENT POSITION OF EMPLOYMENT

Position	Institution	Summarize duties	Post Level	EXACT DATES IN CURRENT POST	TOTAL	
					FROM (M / Y)	YEARS MONTHS

b. PREVIOUS EMPLOYMENT

Position	Institution	Summarized Duties	Post Level	EXACT DATES		TOTAL	
				FROM (M / Y)	TO (M / Y)	YEARS	MONTHS

11. EXTRA AND CO- CURRICULAR ACTIVITIES (e.g. SBST, SPORTS)

TYPE OF ACTIVITY	ORGANISATION	DURATION
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1		
2		
3		
4		
5		
6		

12. REFERENCES

NAME	CONTACT DETAILS	RELATIONSHIP
1		
2		
3		
4		
5		

13. ADDITIONAL INFORMATION (MANDATORY)

1. Do you have relatives/close friends working within New Hope School? Yes/No (Please circle)

2. Please provide any other details which may be relevant to the position you are applying for. (i.e. illness, disabilities, family commitments etc.)

3. Have you ever been convicted of any criminal offence? Yes/No (Please circle)

If yes, please provide details:

14. DECLARATION: I declare that the above information provided (including any attachments) is true and correct. I understand that any false or incorrect information could lead to my application being eliminated and me being discharged on account of misconduct if appointed.

SIGNATURE OF APPLICANT

DATE