



GAUTENG PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

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

1. NOTES

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)

2. PARTICULARS OF ADVERTISED POST

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

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 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	MISCONDUCT	Other (specify)

10. EXTRA AND CO- CURRICULAR ACTIVITIES (e.g. Leadership, Administrative and management)

TYPE OF ACTIVITY	ORGANISATION	DURATION
1		
2		
3		
4		
5		

11. REFERENCES

NAME	CONTACT DETAILS	RELATIONSHIP
1		
2		
3		

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

Please Note:
Only original signature will be regarded as valid.
Photocopied/faxed/e-mailed signatures will not be accepted.