

PROVINCE CODE (Please place X in the correct box)

<u>Code</u>	=	<u>Province Name</u>	
1	=	Western Cape	<input type="checkbox"/>
2	=	Eastern Cape	<input type="checkbox"/>
3	=	Northern Cape	<input type="checkbox"/>
4	=	Free State	<input type="checkbox"/>
5	=	KwaZulu-Natal	<input type="checkbox"/>
6	=	North West	<input type="checkbox"/>
7	=	Gauteng	<input type="checkbox"/>
8	=	Mpumalanga	<input type="checkbox"/>
9	=	Limpopo	<input type="checkbox"/>

1 GENERAL INFORMATION	
1.1	Site/Host school name (If using a school)
1.2	EMIS number of the host school (if a school building is used)
1.3.1	Province code (Codes on the cover page)
1.3.2	Type of site [1=Public; 2=Private]
1.4	School Funding Type of the host [1=Public School; 2=Independent School]
1.5	Ownership of land [1=State;2=Church;3=Mine;4=Farm;5=Hospital;6=Trust;7=Company;8=Private Individual;9=Factory; 10=Other: (specify)]
1.6	Educational region
1.7	Educational district
1.8	Circuit (If applicable)
1.9	Municipality
1.10.1	Can your school be contacted by email? [1=yes; 2=no]
1.10.2	Email address
1.11	Postal Address Enter the postal address under the relevant Address Type in either Section A or B. Only complete Section B: 1.11.6 to 1.11.9 if the physical address is the postal address. <i>(Post office: complete only if either PO Box , P/Bag or SAPO village has been selected)</i> <i>(Town/City: complete only if street address or Building address has been selected)</i>
A. Postal Address (Please leave blank if Not Applicable)	
1.11.1	SAPO* Village
1.11.2	PO Box
1.11.3	Private bag
1.11.4	Post Office
1.11.5	Postal Code
B. Physical Address	
1.11.6	Building
1.11.7	Street Address
1.11.8	Town or City
1.11.9	Postal code
SAPO = South African Post Office	
1.12	Telephone number
1.13	Fax number
1.14	Principal's home telephone number

1.15	Principal's Cell phone number										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																	
1.16	What is the type of accommodation used? (Mark each with 1=yes or 2=no)																																					
School					Church					Community Centre					House																							
Other (specify)																				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.17	What is the standard annual (school) fee per learner for the current academic year? (Exclude rebates for more than one learner in a family or discounts for early payment, etc.) (RAND ONLY)																																					
Pre Grade R					R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00	Grade R					R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-00																
1.18	What is the Primary funding source of your ECD Services? (Mark each with 1=yes or 2=no) (More than one can be marked.)																																					
Department of Education					Department of Social Development					Private Owner					Donations																							
Religious Institutions					Community Organisation					Fund raising					Company																							
Other (specify)																				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.19	How many Grade R classes does the site/school have?																		<input type="text"/>	<input type="text"/>																		
1.20	What other sources of income support does the site have? (Mark each with 1=yes or 2=no)																																					
Department of Education					Department of Social Development					Private Owner					Donations																							
Religious Institutions					Community Organisation					Fund raising					Company																							
Other (specify)																				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.21	Number of days per week that the site operates																		<input type="text"/>	<input type="text"/>																		
1.22	Number of hours per day that the site operates (e.g. 2:30 hrs)															<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>																		
1.23	Language of Learning and Teaching (more than one language can be marked.)																																					
Afrikaans				English				IsiNdebele				Sepedi				SiSwati				Xitsonga																		
Tshivenda				Setswana				IsiXhosa				IsiZulu				Sesotho																						
Other (specify)																				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.24	How long has the facility been operating? (Mark with an x.) (Mark only one answer.)																																					
Less than 1 year					1 to 2 years					3 to 4 years					5 years and over																							

2 LEARNER INFORMATION

THE FOLLOWING TABLES PERTAIN TO LEARNERS WHO ARE REGISTERED AT THE SCHOOL THIS YEAR.
 Information for learners must be for male and female learners separately, where applicable.
 It is important to collect learner numbers in terms of population group and gender in order to track the extent to which equity and access are being addressed in the education system.
 The learner or the learner's parents/guardians and/or family should determine population group. This should reflect the parents' and/or the families' own perception of their population group and not the racial classification used in the past.
No learner should be double-counted

NOTE: If a particular grade is NOT offered at your school/centre, place an X in the NOT APPLICABLE area for that grade. Do not enter any learner numbers or total for a grade not offered at your school/centre.

If your school/centre does offer a particular grade, but there are no learners for either the Male or Female gender, then enter 0 for the relevant gender. e.g. If your school has only Female learners in Grade R then enter 0 under the Male row in the Grade R column and the correct number of Female learners in the Female row for Grade R. Include the total

2.1	How many learners are registered with your site? (Including Learners experiencing barriers to learning)	Male	Female	Total	N/A
Pre Grade R		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade R		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.2 Number of Pre Grade R learners according to population group, gender and year of birth. (including learners experiencing barriers to learning) (Learners may NOT be double-counted.)													
Year of birth	Black African		Coloured		Indian		White		Other		Total		Age in Years
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
≥2013													≤1
2012													2
2011													3
2010													4
2009													5
2008													6
≤2007													≥7
Total													

Note: Age groups must be calculated from the verified birth year of the learner recorded in the learner profile or on the learner registration form.

2.3 Number of learners in Grade R according to population group, gender and year of birth (including learners experiencing barriers to learning) (Learners may NOT be double-counted.)													
Year of birth	Black African		Coloured		Indian		White		Other		Total		Age in Years
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
≥2009													≤5
2008													6
≤2007													≥7
Total													

Note: Age groups must be calculated from the verified birth year of the learner recorded in the learner profile or on the learner registration form.

2.4 Number of learners according to languages and grade (Including learners experiencing barriers to learning) (Learners may NOT be double-counted.)													
	Home Language				Language of Learning and Teaching				PREFERRED Language of Learning and Teaching				
	Pre-Grade R		Grade R		Pre-Grade R		Grade R		Pre-Grade R		Grade R		
Afrikaans													
English													
IsiNdebele													
Sepedi													
SiSwati													
Xitsonga													
Tshivenda													
Setswana													
IsiXhosa													
IsiZulu													
Sesotho													
SA Sign Language													
Other													
Total													

Pre Grade R = A programme of learning provided by school or other education institution in a grade before Grade R.
Grade R = The reception year for a learner in a school or an ECD centre, i.e. the grade immediately before Grade 1.

Definitions

Attention deficit disorder with/without hyperactivity (ADHD):	ADHD refers to a chronic disorder that initially manifests in childhood and is characterized by hyperactivity, impulsivity and/or inattention. Not all of those affected by ADHD manifest all three behavioral categories. Can lead to difficulty in academic, emotional, and social functioning. May be associated with other neurological, significant behavioral, and/or developmental/ learning disabilities.
Autistic spectrum disorders:	Autistic spectrum disorders impact the normal development of the brain in the areas of social interaction and communication skills. Children typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities, find it hard to communicate with others and relate to the outside world. - A medical practitioner, preferably a specialist (paediatrician or psychiatrist) must diagnose learners.
Behavioural / conduct disorder (including Severe behavioural problems):	Learners with behaviour / conduct disorder usually have little concern for others and repeatedly violate the basic rights of others and the rules of society. Children and adolescents act out their feelings or impulses in destructive ways. Offences often grow more serious over time. Such offences may include lying, theft, aggression, truancy, the setting of fires, and vandalism.
Blindness:	Loss of useful sight. Blindness can be temporary or permanent. Damage to any portion of the eye, the optic nerve, or the area of the brain responsible for vision can lead to blindness. <3/60 in the better eye, after maximum correction.
Cerebral palsy:	Cerebral palsy describes a group of chronic conditions affecting body movements and muscle coordination. Caused by damage to one or more specific areas of the brain, either traumatic, infectious, or developmental. Major types include spastic, dystonic, athetoid and ataxic and they can be quadriplegic, diplegic or hemiplegic. A medical practitioner must make the diagnosis.
Deafness:	Learners who experience a <u>severe</u> hearing impairment and who depend on specialized educational support. Hearing must be assessed through an auditory test and the hearing loss should be more than 61 dB at 0,5; 1; 2 and 4KHz in the better ear
Deaf-blindness:	Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs different from children with deafness or children with blindness.
Epilepsy:	Disorder caused by the sudden over activity of brain cells and characterized by repetitive attacks of a diverse nature. Seizures (or convulsions) occur when there is abnormal electrical discharge in the brain. This may be triggered by chemical imbalance or a structural abnormality. Seizures differ in cause, nature, severity, management and long term effect.
Hard of hearing:	Learners who experience a moderate hearing impairment and who are in need of additional specialized support. Hearing must be assessed through an auditory test and the decibel loss must be more than 31dB for persons under the age of 15 and more than 41dB for persons 15 years and older
Mild to moderate intellectual disability:	Learners with an intellectual disability have significantly lower than average intellectual ability and deficits in social and adaptive functioning, that is, limitations in such areas as communication, social, daily living or movement skills. Learners with mild to moderate intellectual disability are academically functioning on level below 75% of that of their peers. (See moderate to severe intellectual disability below) IQ tests are no longer considered appropriate.
Severe to profound intellectual disability:	Learners with to severe to profound intellectual disability are academically functioning on a level below 50% of that of their peers. Some identifiable causes include: hereditary factors; chromosome abnormalities; brain damage before or at birth; brain damage after birth due to illness or accident; malnutrition or other deprivation in early childhood.
Partial sightedness / Low Vision:	Low vision is impairment of visual functioning even after treatment, for example an operation and/or standard refractive correction (has been given glasses or lenses) and has a visual acuity of less than 6/18 to light perception, or a visual field of less
Physical disability:	Learners with a significant physical disability that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.
Specific learning disability:	A specific learning disability is a disorder in one or more of the central nervous system processes involved in perceiving, understanding and/or using concepts through verbal (spoken or written) language or nonverbal means.
Psychiatric disorder:	These disorders must be diagnosed by a psychiatrist or psychologist and could include: Personality disorders: Mental illnesses that share several unique qualities. While many disorders vacillate in terms of symptom presence and intensity, personality disorders typically remain relatively constant. Adjustment disorders: Disorders in this category relate to a <u>significantly</u> more difficult adjustment to a life situation than would normally be expected considering the circumstances. Mood disorders: These include those disorders where the primary symptom is a disturbance in mood. In other words, inappropriate, exaggerated, or limited range of feelings, e.g. bipolar disorder, major depression disorder, etc. Anxiety disorders: The primary feature is abnormal or inappropriate anxiety such as Acute Stress Disorder, Obsessive-Compulsive disorder, Phobias, Posttraumatic Stress Disorder, etc. Psychotic disorders: The major symptom of these disorders is psychosis, or delusions and hallucinations. Delusions are false beliefs that significantly hinder a person's ability to function, e.g. schizophrenia

*Other: Please specify the SPECIFIC disability if there are learners indicated in the "Other" columns of the tables.																			

2.5 Number of Pre Grade R learners experiencing barriers to learning per PRIMARY barrier to learning, year of birth and gender. (Learners may NOT be double-counted.)																			
Year of birth	Gender	Attention Deficit Disorder	Autistic Spectrum Disorder	Behavioural disorder/Conduct	Blindness	Cerebral Palsy	Deafness	Deaf-Blindness	Epilepsy	Hard of Hearing	Mild to Moderate Intellectual disability	Severe to profound intellectual disability	Partial Sighted/ Low vision	Physical disability	Specific learning disability	Psychiatric disorder	Other	Total	Age in years
≥2013	Male																		≤1
	Female																		
2012	Male																		2
	Female																		
2011	Male																		3
	Female																		
2010	Male																		4
	Female																		
2009	Male																		5
	Female																		
2008	Male																		6
	Female																		
≤2007	Male																		≥7
	Female																		
Total	Female																		
	Male																		

Note: Age groups must be calculated from the verified birth year of the learner recorded in the learner profile or on the learner registration form.

2.6 Number of Grade R learners experiencing barriers to learning per PRIMARY barrier to learning, year of birth and gender. (Learners may NOT be double-counted.)																			
Year of birth	Gender	Attention Deficit Disorder	Autistic Spectrum Disorder	Behavioural disorder/Conduct Disorder	Blindness	Cerebral Palsy	Deafness	Deaf-Blindness	Epilepsy	Hard of Hearing	Mild to Moderate Intellectual disability	Severe to profound intellectual disability	Partial Sighted/ Low vision	Physical disability	Specific learning disability	Psychiatric disorder	Other	Total	Age in years
≥2009	Male																		≤5
	Female																		
2008	Male																		6
	Female																		
≤2007	Male																		≥7
	Female																		
Total	Male																		
	Female																		

Note: Age groups must be calculated from the verified birth year of the learner recorded in the learner profile or on the learner registration form.

2.7	Please indicate the programmes offered	National Curriculum Statement (NCS)										Other	
If other, please specify													
2.7.1													
2.7.2													

2.8	Mortality statistics for learners during the previous academic year (The Department of Education needs to monitor changes in overall mortality trends for planning purposes. Information is needed on the number of deaths amongst learners according to cause of death, gender and age group.)															
Cause of death	Illness				Accident				Suicide				Violence and homicide		Age in Years	
Year of birth	Male		Female		Male		Female		Male		Female		Male			Female
≥2011																≤3
2010																4
2009																5
2008																6
≤2007																≥7
Total																

Note: Age groups must be calculated from the verified birth year of the learner recorded in the learner profile or on the learner registration form.

2.9	Number of learners whose parent(s) are deceased.															
GRADE	Male Learners						Female Learners									
	Only mother deceased		Only father deceased		Both parents deceased		Only mother deceased		Only father deceased		Both parents deceased					
Pre Grade R																
Grade R																
Total																

SECTION 3: PERSONNEL STAFF

3.1	Number of STAFF remunerated by STATE (Do not include employees paid by the governing body)															
CATEGORY	Permanent				Temporary				Substitutes				Total			
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time					
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female				
Educators																
Practitioners																
Prof. non-teaching staff																
Admin. Staff																
Support staff																

3.2	Number of STAFF remunerated by GOVERNING BODY (Do not include employees paid by the state)															
CATEGORY	Permanent				Temporary				Substitutes				Total			
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time					
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female				
Educators																
Practitioners																
Prof. non-teaching staff																
Admin. Staff																
Support staff																

3.3	Number of Practitioners remunerated by State or Governing Body or both																
	SGB				State Paid				Both				Total				
	Male		Female		Male		Female		Male		Female		Male		Female		
Part-time																	
Full-time																	

Educators = Any person, who teaches, educates or trains other persons or who provides professional educational services.

Practitioner = Staff working in a pre-primary or a grade R class without the minimum teacher qualification (Lower than NQF level 5.)

Prof. non-teaching staff = Staff members of a school who are registered with a professional body other than the South African Council for Educators (SACE).

Admin. Staff = Employees in an administrative capacity that provide services to offices and institutions. E.g. secretaries, typists, administrative clerks and accountants.

Support Staff = Staff employed at a school to support the core functions of a school. E.g. laboratory assistant, cleaner, kitchen staff, gardener, caretaker, messenger

Hostel Staff = Persons employed for the administration, maintenance and management of the hostel.

Substitutes = A person appointed to an additional post to take the place of an educator in a substantive post who is not at school for a period of time.

Full-time staff member = A staff member who is employed in a full-time post for a minimum of 12 months and delivers at least 22.5 hours of teaching per week.

Part-time staff member = A staff member appointed to work fewer hours than a full-time employee.

3.4	Mortality statistics for educators during the previous academic year									
	(The Department of Education needs to monitor changes in overall mortality trends for planning purposes. Information is needed on the number of deaths amongst educators according to cause of death, age group and gender.)									
Cause of death	Illness		Accidental		Suicide		Violence and homicide		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Age in years										
16 – 24										
25 – 29										
30 – 34										
35 – 39										
40 – 44										
45 – 49										
50 – 54										
55 and Older										
Total										

3.5	Number of educators/ practitioners trained (note: Certification in first aid has to be within 12 months)									
	Pre-Grade R					Grade R				
	First Aid		HIV/ AIDS skills			NCS		First Aid		HIV/AIDS skills

EDUCATOR SURVEY: 2014**TO BE COMPLETED BY ALL EDUCATORS/PRACTITONERS****PURPOSE OF SURVEY**

This survey seeks to obtain demographic, personal and professional information from educators/practitioners for the purposes of updating PERSAL data as well as to assist the system in planning and reporting.

The information provided will be audited on a regular basis. It is therefore important that this questionnaire be completed accurately.

Your cooperation in completing this questionnaire is greatly appreciated.

Instructions

- 1. Mark your responses with an X where applicable.*
- 2. Sign the completed form on the last page.*
- 3. Hand in the completed form to the principal for his/her signature.*

Please read the headings and instructions carefully before completing the questionnaire

1	School name																													
2.1	Title				2.2	Initials				2.3	Surname																			
3	Please indicate with an X on the relevant block who pays your salary.																													
1=Government					1	2=SGB					2	3=Private													3					
4	PERSAL Number									5	Employee Number																			
6	SACE Number									7	Indicate your gender with an X on the relevant block [1=Male; 2=Female]										1	2								
8	Please indicate whether you are a South African citizen with an X on the relevant block? [1=Yes; 2=No]																		1	2										
9	If you are a South African, please provide your ID number below																													
10	If you are not a South African citizen, please provide your work permit number																													
11	Expiry date of the work permit																													
MM			M	M	YYYY				Y	Y	Y	Y																		
12	If you are not a South African citizen, please provide the name of your country of citizenship below																													
13	Indicate your marital status with an X on the relevant block below																													
1=Married		1	2=Living together like husband and wife		2	3=Widow/Widower			3	4=Divorced/ Separated		4	5=Never Married		5															
14	Indicate your date of birth below																													
YYYY								MM						DD																
15	Indicate your population group with an X on the relevant block below																													
1=Black African		1	2=Coloured		2	3=Indian		3	4=White		4	5= Other			5															
16	Indicate your home language (the language you speak most frequently at home), with an X on the relevant block below																													
1=Afrikaans		1	2=English		2	3=IsiNdebele		3	4=Sepedi		4	5=SiSwati		5	6=Xitsonga		6													
7=Tshivenda		7	8=Setswana		8	9=IsiXhosa		9	10=IsiZulu		10	11=Sepedi		11	12=Other		12													
17	Please indicate your disability status with an X on the relevant block below (<i>Disability means moderate to severe limitation in a person's ability to function or ability to perform daily life activities as a result of a physical, sensory, communication, intellectual or mental impairment</i>).																													
1=Sight		1	2=Hearing		2	3=Physical		3	4=Multiple		4	5=Epilepsy		5	6=Other		6	7=None		7										
Other																														
18	Please state the total number of years of your teaching experience																													
19	Indicate your personnel category with a X on the relevant block below																													
1=Principal		1	2= Deputy Principal		2	3= HOD		3	4=Teacher		4	5= ECD Practitioner		5	6= SNE Educator		6	7= Other		7										
20	Indicate the nature of your appointment with an X on the relevant block below																													
1=Permanent			1	2=Temporary			2	3=Substitute			3	4=Other			4															
21	Indicate the duration of your appointment with an X on the relevant block below																													
1=Full time					1	2=Part time													2											
22	Income tax number																													

Social Development Nr

EMIS NUMBER

23	Medical aid name (only if main member)		
24	Medical aid number (only if main member)		
25	Next of kin surname (Please provide the name of the person who does not live at your same address)		
26	Next of kin first name(s)		
27	Next of kin telephone number		
28	Home Address		
C. Postal address (Please leave blank if Not Applicable)			
28.1	PO Box		
28.2	Suburb/Township		
28.3	City/Town		
28.4	Postal Code		
D. Physical Address			
28.5	Street Address		
28.6	Complex Name/Building name		
28.7	Complex/ Unit Number		
28.8	Suburb/Township		
28.9	Town or City		
28.10	Postal code		
29	Cellphone		
30	Home telephone		
31	Indicate with an X on the relevant block how often you use a computer for professional purpose (if at all)		
	1. Not at all		1
	2. Sometimes		2
	3. Often		3
32	Indicate , with an X on the relevant block, whether you were evaluated in terms of the Integrated Quality Management System (IQMS) processes in 2010 [1=Yes; 2=No]		1 2

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33	Indicate with an X on the relevant block, ALL the qualification types that you have attained. <i>You can select more than one qualification type provided in the list below, and leave the space blank where the qualification does not apply to you.</i>	
1	Two-year Teachers' Certificate	1
2	Three-year Teachers' Diploma/National Professional Diploma in Education	2
3	Four-year Higher Diploma in Education	3
4	Four-year professional teaching degree	4
5	Higher Diploma in Education (Post-Graduate)/Post-Graduate Certificate in Education	5
6	One-year Post-Professional Teachers' Certificate (with specialization)	6
7	One-year Higher Diploma in Education	7
8	Diploma in Specialized Education (for example, for sign language, remedial education, blind and visually impaired and child and youth care)	8
9	Further Diploma in Education	9
10	Advanced Certificate in Education	10
11	One-year National Higher Diploma/Bachelor of Technology (Education management/other specialization)	11
12	Partially completed first Bachelor's degree	12
13	Three-year Bachelor's degree	13
14	Four-year Bachelor's degree	14
15	Four-year Bachelor of Technology degree	15
16	Three-year National Diploma	16
17	Four-year National Higher Diploma	17
18	Post-Graduate Diploma (other than a HDE Post-Graduate)	18
19	Honours degree (including an old one-year B Ed/BEEd Honours)	19
20	Master's degree	20
21	Doctors degree	21
22	ABET Practitioner Certificate	22
23	ABET Practitioner Diploma	23
24	National N3 – N6 Certificates (No Practicals)	24
25	National N6 Diploma (Practicals)	25
26	Completed apprenticeship/passed trade test (N2 + Practical)	26
27	T1-T4 Certificates	27
28	T3 Diploma	28
29	T4 Higher Diploma	29
30	S1 or S2 Certificates	30
31	Further Education and Training Certificate: Early Childhood Development	31
32	National Certificate: Early Childhood Development Level 4	32
33	Higher Certificate: Early Childhood Development Level 5	33
34	National Diploma: Early Childhood Development Level 5	34
35	Basic Certificate: Early Childhood Development Level 1	35
36	Other	36

34	<i>Please indicate the grades that you are teaching with a tick (you may tick more than one grade if applicable).</i>	
	Pre-Grade R	Grade R

Social Development Nr

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EMIS NUMBER

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Declaration

I hereby declare that to the best of my knowledge, the above information as supplied is accurate and correct.

Name of Educator (Please print): _____

Signature of Educator/Practitioner: _____

Date: ____/____/____

VERIFICATION AND CLEARANCE SECTION

The purpose of this clearance document is for the verification and authentication of the information declared by the site on the survey form.

The form is to be completed in full and verified by the Principal or Deputy Principal (or another designated person) at the site. The principal must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified per item on the form. This verification form should be submitted to the district/ regional offices and a copy should be filed at the site for audit purposes.

Once the form is received from a site at the district or regional office, the designated Provincial Education Manager must verify the data in each item on the form. The Provincial Education Manager must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified.

1	LEARNER SECTION	Checked and confirmed? Yes / No		If not confirmed, please comment
		Principal	Education Manager	
1.1	Has the section on General Information been completed correctly in all aspects? [Table 1.1 – Table 1.24]			

Summary Control Table: Learners

- Please check **ALL** the following tables against the totals in Table 2.1
- NOTE: the totals should be transferred from the Annual Survey form as completed by the data compiler
- The totals of each of the tables in the list should balance with the totals for table 2.1

Table	Total: Male	Total: Female	Grand Total
1.2 Table 2.1 CONTROL TABLE			

The totals in each table below must balance with the totals recorded for TABLE 2.1
Please also check the totals of each grade against Table 2.1 where applicable.

1.2.1	Table 2.2 and 2.3: "Number of learners according to population group, gender and year of birth"								
1.2.2	Table 2.4 "Number of learners according to languages and grade"								

Summary Control Table: Educators

1.2.3	Total number of Educators (State and SGB paid) at the site (excluding substitute educators)			
1.2.4	Total number of Educator (State and SGB paid) forms attached (excluding substitute educators)			
1.2.5	Total number of substitute Educators (State and SGB paid) at the site			
1.2.6	Total number of substitute Educator (State and SGB paid) forms attached			

2	SCHOOL EDUCATOR SECTION	Confirmed? Yes / No	If not confirmed, please comment
2.1	Have the educator details e.g. ID and PERSAL number, post level, etc been verified with the relevant source documents?		
2.2	Has the principal verified that all the educator forms are completed in full?		

I certify that the information provided on this form is to the best of my knowledge and belief correct and complete.

Name	Signature	Date

Principal to place site stamp here

Education Manager to place office stamp here