

#### CHIEF DIRECTORATE: EXAMINATIONS AND ASSESSMENT

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### **ASSESSMENT INSTRUCTION NO 05 OF 2023**

TO: DEPUTY DIRECTORS-GENERAL CHIEF DIRECTORS HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS CHIEF EDUCATION SPECIALISTS CIRCUIT MANAGERS DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS PRINCIPALS OF PUBLIC AND INDEPENDENT SCHOOLS (GRADES 10 – 12) TEACHER UNIONS/TEACHER ORGANISATIONS SCHOOL GOVERNING BODIES

## DATE: 27 JANUARY 2023

# **DECLARATION OF RELATIVES AND SIGNING OF CONFIDENTIALITY 2023**

## 1. BACKGROUND

- 1.1. In line with Regulations pertaining to the Conduct, Administration and Management of the National Senior Certificate examinations (NSC), published as Government Regulation Notice No. R872 in Government Regulation Gazette No. 31337 of 29 August 2008 and as amended as Regulation Notice No. 371 in Government Gazette No. 37651 dated 16 May 2014; the security and confidentiality agreement relating to examination matters must be signed by all officials involved in the managing and administering the examination process.
- 1.2. Employees who are involved in the National Senior Certificate examination, and who have immediate relatives in Grade 12 must disclose such information within 18 months before the commencement of the final end of the year National Senior Certificate examinations.

## 2. DISCUSSION

education

- 2.1. The Assessment body must take every responsible step to ensure that the security and confidentiality of: -
  - Examination question papers
  - Examination answer books

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- Examination answer scripts
- Marks sheets
- IT system and other assessment documents
- SBA Marks
- 2.2. Effective security and confidentiality measures should be in place in the following areas of the examination process: -
  - The setting and moderation of the examination question papers;
  - The printing of the examination question papers;
  - The storage of the final printed examination question papers as well as the printed backup examination question papers;
  - Persons entering or exiting the restricted administrative areas;
  - Examination question papers handed over by the Assessment bodies;
  - Distribution of examination question papers and the transfer of answer

Books/scripts to and from examination centres;

- Examination answer scripts of candidates under investigation and
- The maintenance of the IT system.
- Management and processing of SBA marks
- 3. The Office of the Chief Director, Office of the Director and Section Heads are requested to ensure that all employees in their offices/Sections adhere to the policy as stated above.
- 4. Confidentiality and the Declaration forms are attached to be filled in, attach copies of ID documents to the office of CES: Policy Unit on or before 15 February 2023.
- 5. All officials are obliged to fill in the Declaration Form even if there is/are no close relative/s writing examinations as on the attached sample.
- 6. The forms should be submitted with the list of officials in the office/section to ensure that all officials comply.
- 7. Co-operation by all officials is always anticipated and appreciated.

The co-operation of all education stakeholders in this important process is both anticipated and appreciated.

DDG: CURRICULUM MANAGEMENT AND DELIVERY MR R. TYWAKADI 27/01/2023

DATE



#### DECLARATION BY OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES TO THE DEPARTMENT OF EDUCATION CONCERNING RELATIVE/CLOSE FRIEND WRITING THE 2023 NATIONAL SENIOR CERTIFICATE (NSC) EXAMINATION

I,	declare that: (Full Names. PLEASE PRINT)																								
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<ol> <li>I have a /have no relative/close friend w</li> <li>I fully understand and accept that should information regarding examinations; or s information to be made available to this If I am found guilty of misconduct, the se penalties imposed legally on me by the</li> <li>I fully understand the requirements a</li> </ol>										ıld I, sho s pei serio e Edı	with uld I rson us n ucati	out a , whe I sha ature on D	autho ether all be e of th epar	rity, by ir liabl his m tmer	make ntent le to nisco nt.	e ava or r disc nduo	ailabl ieglig iplina ct miç	e to t ence ry ac	this p e, allo ction	berso bw.co by.th	on co onfid ne Do	onfide entia epart	ential Il examination tment.		
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DETAILS OF RELATIVE/CLOSE FRIEND																									
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NAME OF SCHOOL/CENTRE												<u> </u>	<u> </u>	<u> </u>	<u>II</u>	<u> </u>	<u> </u>	<u>II</u>							
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(Cross applicable rating)								UEL			100	500	<u> </u>	AVE	AG	E	FUC	Л		=					
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A certified copy of your ID and the relative/close friend ID shall be attached to this form





ANNEXURE A ASSESSMENT INSTRUCTION 05 OF 2023



#### CONFIDENTIALITY AGREEMENT BETWEEN THE DEPARTMENT OF EDUCATION AND OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES -2023

I,																		_ dec	clare	that:	:
	(Full Names. PLEASE PRINT)																				
(Identity Number)											(Persal Number)										

- 1. I fully understand that I am employed by the Eastern Cape Education Department and more particularly in the Examinations Section of the Department and that I fully understand the need for confidentiality in all matters associated with:
  - 1.1 the distribution and storage of examination material;
  - 1.2 the security of examination matters;
  - 1.3 details of planned monitoring of centres;
  - 1.4 all results obtained by the candidates.
- 2. I therefore undertake never to breach this confidentiality in any way whatsoever.
- 3. I undertake to immediately report to the Department through the Head: Eastern Cape Examinations any breach or attempted breach of examination security that I become aware of. I undertake to share with the Department any concerns I have of possible future breaches of examination security.
- 4. I fully understand and accept that should I, without authority, make available to any person confidential information regarding examinations; or should I whether by intent or negligence allow confidential examination information to be made available to any unauthorised person or omit to report any breach or attempted breach of examination security, I shall be liable to disciplinary action by the Department.

If I am found guilty of misconduct, the serious nature of this misconduct might cause my discharge and any other penalties imposed legally on me by the Education Department.

I fully understand the requirements and accept them unconditionally.

SIGNATURE		
DESIGNATION		
DATE		
WITNESS 1	NAME	
	SIGNATURE	
	DATE	
WITNESS 2	NAME	
	SIGNATURE	
	DATE	

A certified copy of your ID shall be attached to this form.



