



CHIEF DIRECTORATE: EXAMINATIONS AND ASSESSMENT

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ASSESSMENT INSTRUCTION 10 OF 2024

**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 (GRADE 10-12)
TEACHER UNIONS/TEACHER ORGANISATIONS
SCHOOL GOVERNING BODIES**

DATE: 29 JANUARY 2024

**DECLARATION OF RELATIVES AND SIGNING OF CONFIDENTIALITY FORMS
2024**

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 Relations 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 must be signed by all officials involved in 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

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

- Examination question papers.
- Examination answer books.
- Examination answer scrips.
- Mark 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 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 scrips of candidates under investigation.
- The maintenance of the IT system.
- Management and processing of SBA Marks.



3. The Office of the Chief Director, Offices of the Directors, and Section Heads are requested to ensure that all employees in their offices / sections adhere to the policy as stated above.
4. Confidentiality and Declaration forms are attached to be filled in, attach copies of ID documents, and submit to the office of CES: Policy Unit on or before 12/02/2024.
5. All officials are obliged to fill in 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.

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

DDG: CURRICULUM MANAGEMENT AND DELIVERY
MR R TYWAKADI



**DECLARATION BY OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES
TO THE DEPARTMENT OF EDUCATION CONCERNING RELATIVE / CLOSE FRIEND
WRITING THE 2024 NSC/SC EXAMINATIONS**

I, _____ declare that:
(Full Names. PLEASE PRINT)

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(Identity Number)

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(Persal Number)

- I have a relative/close friend writing the 2024 National Senior Certificate examination / Senior Certificate / examination.
- I fully understand and accept that should I, without authority, make available to this person confidential information regarding examinations; or should I, whether by intent or negligence, allow confidential examination information to be made available to this person 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.**

DETAILS OF RELATIVE/CLOSE FRIEND			
FULL NAME			
ID NUMBER			
NAME OF SCHOOL/CENTRE			
GRADE 11 ACHIEVEMENT (Cross applicable rating)		EXCELLENT	GOOD
		AVERAGE	POOR
SIGNATURE OF DECLARANT			
DESIGNATION			
DATE			
WITNESS 1	NAME		
	SIGNATURE		DATE
	ID NO		
WITNESS 2	NAME		
	SIGNATURE		DATE
	ID NO		

A certified copy of your ID and the relative/close friend ID shall be attached to this





**CONFIDENTIALITY AGREEMENT
BETWEEN THE DEPARTMENT OF EDUCATION
AND OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES**

I, _____ declare that:
(Full Names. PLEASE PRINT)

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(Identity Number)

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(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 exams 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 needed