



Province of the  
**EASTERN CAPE**  
DEPARTMENT OF EDUCATION

SUBJECT & PAPER APPLIED FOR:

Place  
ID Photo  
Here

Assessment & Examinations, Old Bundy Building, Schornville, KWT, \* Private Bag 4571\* KWT \* 5600 \*  
REPUBLIC OF SOUTH AFRICA \* Enquiries: Mr L. du Plessis Tel: +27 (0)43 604 7730  
Fax: 043 604 7749\* E.mail: Hendrik DuPlessis@edu.ecprov.gov.za \*

**APPLICATION: MARKER**  
**GRADE 12 EXAMINATIONS: 2008**

**CLOSING DATE: 16 MAY 2008**

[NO APPLICATION WILL BE ACCEPTED AT THE PROVINCIAL OFFICE IN KWT AFTER THE CLOSING DATE – NO FAXES ACCEPTABLE]

**INSTRUCTIONS TO COMPLETE THIS FORM**

1. Any person found to be giving fraudulent information will be disqualified from marking in the future.
2. A **separate** application form must be completed for each subject and paper applied for.
3. Certified copies of academic qualifications **MUST** accompany every application. If the Certificate/Degree does not show the specific major subject, then a copy of the subject advice sheet should accompany the Certificate/Degree.
4. Criteria for appointments: Please see the Government Gazette of 17 September 2004 or refer to page 3.
5. Attach a **certified copy** of your ID Document to this form.
6. Attach a recent ID Photo of yourself to the top right corner of this form.
7. An EDO may not apply for marking.
8. Only educators from the Department of Education Eastern Cape may apply. No applications from other Departments will be accepted.

**PERSONAL INFORMATION**

PERSAL No.						ID No						Date of Birth	1	9	Y	Y	M	M	D	D
Surname							First Names													
Title			Initials			Postal Address														
Tel. No. (W)																				
Tel. No. (H)																				
Cell Number								Postal Code												
Present Post	<input type="checkbox"/> Principal		<input type="checkbox"/> Dep. Principal		<input type="checkbox"/> ES		<input type="checkbox"/> Educator			Specify Other:										
Grade 12 Exam Centre Number							District Name													
Institution Name																				

**POPULATION GROUP**

To which population group do you belong?

- Black   
  Coloured   
  Indian   
  White   
  Other   
 If other, please specify:

**HOSPITALITY**

If successful, will you need accommodation during marking period?	<b>YES</b>		<b>NO</b>	
Gender	<b>M</b>		<b>F</b>	
Meals - Normal	<b>YES</b>		<b>NO</b>	
- Vegetarian (NB: All meals HALAAL)	<b>YES</b>		<b>NO</b>	

**BANK PARTICULARS**

Name of Bank		Branch Name	
Account Number		Branch Code	
Type of Account	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Transmission Account		

### LANGUAGE COMPETENCY

<b>Marking abilities for content subjects</b>	<b>English Primary</b>		<b>Afrikaans Primêr</b>	
	<b>English Additional</b>		<b>Afrikaans Addisioneel</b>	

### QUALIFICATIONS (In the subject applied for on this form)

Qualification for Marking: 1. At least a second year level pass in a tertiary education course in the subject to be marked. 2. At least 3 years of recent teaching experience in the subject from Grade 10 - 12 levels for the subject.				
Subject	Years of Study	Degree/Diploma Name	Year obtained	Obtained at
<i>E.g. Mathematics</i>	<i>2</i>	<i>B. Sc.</i>	<i>1990</i>	<i>Fort Hare</i>
TEACHING QUALIFICATIONS (i.e. HDE)				

### PARTICULARS OF POST

Have you taught the subject in grade 10 – 11?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently teaching the Subject in Grade 12?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you take VSP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you in a Governing Body Post?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you resigning your post in the Education Dept. in/before December 2008?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed by the Eastern Cape Education Dept?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the Department remunerate you for marking in 2007?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### TEACHING EXPERIENCE (Relative to the subject applied for on this application)

Subject Code	Subject Description and Grade	Grade 10 - 12			Name of School	School Contact No.
		Year Start(Gr 10)	Year End(Gr 12)	Total Years		
<i>10030034</i>	<i>Mathematics literacy</i>	<i>2006</i>	<i>2008</i>	<i>3</i>	<i>Bhisho High School</i>	<i>(040) 604 1234</i>

### PERFORMANCE AT OWN CENTRE (Relative to the Subject applied for on this application)

Year	Subject Code	Subject Description	Paper	Average %	% Pass Rate	Highest Symbol
2006			1			
			2			
2007			1			
			2			

**MARKING EXPERIENCE (Nated 550) (External Grade 12 marking experience in any subject)**

Year	Subject Code	Subject Description	Subject Paper	Rank (e.g. Marker / Snr Marker)
2006				
2007				

**DECLARATION BY APPLICANT**

Should there be any change in my employment status, I will inform my district office or the marking centre manager immediately. I understand that incomplete information, missing documents or signatures will lead to automatic disqualification of this application. I hereby declare that all the information supplied in this application is true and correct.

 \_\_\_\_\_  
 Print Name

 \_\_\_\_\_  
 Signature: Applicant

 \_\_\_\_\_  
 Date

**DECLARATION BY PRINCIPAL**

To my knowledge the above-mentioned information is correct. I accept that the above person may leave the institution, if appointed, as early as 03 December 2008 and must return to school after marking. Educators appointed as markers are to complete their work at their institution before reporting to the marking centre.

 \_\_\_\_\_  
 Print Name

 \_\_\_\_\_  
 Signature: Principal

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 SCHOOL

 \_\_\_\_\_  
 STAMP

**RECOMMENDATION BY SUBJECT ADVISOR / CES: CURRICULUM (Chairperson of Verification Committee)**

To my knowledge the above-mentioned information is correct. I accept that the above person may leave the institution, if appointed, as early as 3 December 2008. Educators appointed as markers are to complete their work at their institution before reporting to the marking centre.

 \_\_\_\_\_  
 Print Name

 \_\_\_\_\_  
 Signature: Subject Advisor /  
 CES: Curriculum

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 DISTRICT OFFICE

 \_\_\_\_\_  
 STAMP

**PROVINCIAL SELECTION PANEL**
**PROVINCIAL SELECTION PANEL'S  
 REASON(S) WHY APPLICANT IS NOT  
 RECOMMENDED**
**SUCCESSFUL**
**UNSUCCESSFUL**
**RESERVE LIST  
 NUMBER**

 \_\_\_\_\_  
**SIGNATURE: EXAMINER**
**DATE:** \_\_\_\_\_