ECDE/EXAMS/MARKER05

	Province of the EASTERN CAPE DEPARTMENT OF EDUCATION														ID	lace Photo lere)					
Assessment & Examinations, Old Bundy Building, Schornville, KWT, * Private Bag 4571* KWT * 5600 * REPUBLIC OF SOUTH AFRICA * Enquiries: Mr L. du PlessisTel: +27 (0)43 604 7730 Fax: 043 604 7749* E.mail: Hendrik DuPlessis@edu.ecprov.gov.za *																						
APPLICATION: MARKER ABET LEVEL 4 EXAMINATIONS: 2008																						
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		IAPE	PLICAT			-	-				-						1					
 Any person A separate Certified cop then a copy Criteria for a Attach a cer Attach a rec 	application f bies of acade of the subje appointments tified copy	orm mu emic qu ct advic s: Pleas of your	fraudule ust be c ualificati ce shee se see t ' ID Doc	nt info omple ons N t shou he Go sumer	eted for e /IUST acc uld accon overnmer nt to this f	will t ach l comp npan nt Ga form.	be disc Learn any y y the zette	qualif ing A our a Certif of 5	fied rea ippli fica July	from i applie icatior te/Deg	markir ed for. n. If the gree.	ng in the e Certifi	e fu icat	iture. te/De		es not s	show	the :	specif	ic maj	or sub	ject,
PERSONAL INFORMATION																						
PERSAL No.	Date of								DD													
Surname	Surname First Names							•			•											
Title	Title Initials Postal Address																					
Tel. No. (W)																						
Tel. No. (H)																						
Cell Number Postal Code																						
Present Post Principal Dep. Principal Educator Specify Other:																						
ABET Level 4 Exam Centre No. District Name																						
Institution Name																						
POPULATION GROUP																						
It is required that an equal spread of markers from the different population groups is appointed. 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? YES NO																						
Gender M F																						
Meals - Norm	nal														YES	5			Ν	0		
- Vege	etarian (N	3: All	meals	s HA	LAAL)										YES	5			N	0		
						BA	NK	PA	R٦	ΓΙCL	JLA	RS										
Name	of Bank										Br	anch N	Var	ne								
Account	Number										В	ranch	Co	de								
Type of	Account	□ Sa	avings	Acco	ount] (Curre	nt Aco	count				ПТ	rans	smis	sion /	Accou	Int	

LEARNING AREA APPLIED FOR									
Learning Area Code				Learning Area Description					
Other Learning Areas		applie k in 2							
LANGUAGE COMPETENCY									

2,			
Marking abilities for content subjects	English Primary	Afrikaans Primêr	
	English Additional	Afrikaans Addisioneel	

	Q	UALIFICA	TIONS (In t	he L	_earning	Area ap	plied f	for on this for	m)		
Qualification for	2. Le	recognized 3 yea earning Area com ppropriate teachir	npetency.			•					
Subject			Years of Stud	dy	Degree/D	Diploma N	ame	Year obtained	d Obtain	ed a	t
E.g. Mathema	ntics		2		B. Sc.			1990	Fort H	are	
TEACHING Q	UALIFICATION	√S (i.e. HDE)									
			PART	ICU	JLARS	OF PO	ST				
Are you prese	ently teaching th	ne Learning Are	a on Level 4?						T YES	3	
Did you take \							T YES	3			
Are you in a G							T YES	3			
Are you curre	Cape Educatio	on De	əpt?								
Did the Depar	king in 2007?							3	□ NO		
Т	EACHING	EXPERIEN	ICE (Relativ	ve to	the Lea	Irning A	rea apr	plied for on th	is applica	atior	1)
Learning		Level 4							School		
Area Code	Learning	1.	ear tart	Year End	Total Years		Name of School			Contact No.	
E.g. 7412	М	aths Literacy	20	002	2004	3	l	Bhisho High Scł	nool	(0	40) 604 1234
PERF	ORMANCE			Rela	tive to th	ne Learn	ing Ar	ea applied for	r on this a	ppli	cation)
Year	Learning Area Code		Learning Are					Average %	% Pass Rate		Highest Symbol
2006											

			3
2007			

Teal Area Code Learning Area Description Leven Marker) 2006				ENCE (ABET Level	4 marking experi	ence in any Lea	ning Area)
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 RECOMMENDATION BY ABET CO-ORDINATOR, SUBJECT ADVISOR / CES: CURRICUL (Chairperson of Verification Committee) Date To my knowledge the above-mentioned information is correct. I accept that the above person may leave the institution, if appoint early as 25 October 2008 and must return to the centre after marking. Educators appointed as markers are to complete their wor their institution before reporting to the marking centre. DISTRICT OFF Signature: Subject Advisor /Abet Date				Learning Area Des	scription	Level	Rank (e.g. Marker / Snr Marker)
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Brint Name Signature: Subject Advisor /Abet Date							
	early as 25 Octol	ber 2008 and	l must return	to the centre after markin			
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	early as 25 Octol	ber 2008 and efore reportin	l must return ng to the mar	to the centre after markinking centre.	ng. Educators appoir	nted as markers are	to complete their work at
PROVINCIAL SELECTION PANEL'S REASON(S) WHY APPLICANT IS NOT PROVINCIAL SELECTION PANEL RECOMMENDED	early as 25 Octol	ber 2008 and efore reportin	l must return ng to the mar	to the centre after markinking centre.	ng. Educators appoir	nted as markers are	to complete their work at
RESERVE LIST SUCCESSFUL UNSUCCESSFUL NUMBER	early as 25 Octol their institution be	ber 2008 and efore reportin Print Name	I must return ng to the mar	to the centre after markinking centre. Signature: Subject A co-ordinator/ CES: 0	ng. Educators appoir dvisor /Abet Curriculum	Date	to complete their work at DISTRICT OFFICE STAMP TION PANEL'S LICANT IS NOT
	early as 25 Octol their institution be	ber 2008 and efore reportin Print Name	I must return ng to the mar	to the centre after markinking centre. Signature: Subject A co-ordinator/ CES: 0	ng. Educators appoir dvisor /Abet Curriculum	Date	to complete their work at DISTRICT OFFICE STAMP TION PANEL'S LICANT IS NOT
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SIGNATURE: EXAMINER

DATE: _____

EXTRACT FROM GOVERNMENT GAZETTE, 5 JULY 2002 [No. 23590 Page 27]

The criteria to qualify for appointment as an ABET marker (including senior marker, deputy chief marker and chief marker) should include the following:

(1) A recognized three year teacher qualification or a recognized ABET Tutor's Certificate.

(2) Appropriate teaching experience, in the Learning Area concerned, at Level 4.

(3) Learning Area competency.

(4) In addition to the above criteria, preference should be given to serving ABET educators who are presently teaching the Learning Area concerned.

		LIST OF ABET LEVEL 4 LEA	RNING	G AREAS	S AND THEIR CODES
7401	LCAF	Afrikaans L4	7416	EMSC	Economic and Management Science L4
7402	LCEN	English L4	7417	ARTC	Arts and Culture L4
7403	LCSO	Sesotho L4	7418	LIFO	Life Orientation L4
7404	LCZU	IsiZulu L4	7419	SMME	Small, Medium and Micro Enterprises
7405	LCXH	IsiXhosa L4	7420	AAAT	Applied Agric and Agric Technology
7411	LCND	Ndebele L4	7421	TRVT	Travel and Tourism
7412	MLMS	Maths Literacy	7422	ANHC	Ancillary Health Care
7413	NATS	Natural Sciences L4	7423	MMSC	Maths and Maths Science
7414	TECH	Technology L4			
7415	HSSC	Human and Social Sciences L4			