



**SACE**  
South African Council for Educators

*Towards Excellence in Education*

South African Council for Educators  
Private Bag X127 Centurion 0046/ Crossway Office Park, Block 1, 240 Lenchen  
Avenue, Centurion, 0046  
Tel: (012) 663 9517/ 0861 007223  
Email: info@sace.org.za (for enquiries only)

<b>FOR OFFICIALS USE ONLY!!</b>				
<b>PAYMENT METHOD</b>				
<b>PO</b>	<b>CH</b>	<b>CA</b>	<b>EFT</b>	<b>Non Payment</b>

**APPLICATION FORM: SA & NON SA CITIZENS (TICK APPROPRIATE BOX BELOW)**

<b>PROFESSIONAL LY QUALIFIED</b>	<b>ACADEMICALLY QUALIFIED</b>	<b>STUDENT TEACHER</b>	<b>AET</b>	<b>TVE T</b>	<b>ECD</b>	<b>MONTESORRI</b>	<b>WALDOR F</b>	<b>OTHER:</b> _____
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**PERSONAL INFORMATION**

<b>Surname:</b>														
<b>Maiden Name:</b>														
<b>First Names:</b>														
<b>Title:</b>	<b>Date Of Birth:</b>				<b>Y</b>	<b>Y</b>	<b>M</b>	<b>M</b>	<b>D</b>	<b>D</b>	<b>Gender:</b>	<b>Male</b>	<b>Female</b>	<b>Non Binary</b>
<b>ID Number</b>														
<b>Passport/ Permit Number</b>														<b>NON SA CITIZENS ONLY</b>
<b>Postal Address:</b>						<b>Physical Address:</b>								
<b>Province:</b>						<b>Province</b>								
						:								
<b>City:</b>						<b>City:</b>								
<b>Postal Code:</b>						<b>Postal Code:</b>								
<b>Nationality:</b>						<b>Country Of Birth</b>								
<b>Race:</b>	<b>African</b>		<b>White</b>		<b>Coloured</b>		<b>Indian</b>		<b>Other</b>					
<b>Do You Have A Valid Police Clearance?</b>						<b>Yes</b>				<b>No</b>				
<b>Have You Been Convicted Of A Criminal Offence</b>						<b>Yes</b>				<b>No</b>				
<b>If Yes, Kindly Provide Details</b>														
<b>Have You Been Dismissed from Employment or Had Proceedings Against You?</b>						<b>Yes</b>				<b>No</b>				

**QUALIFICATION: MATRIC INFORMATION:**

Name of School	Province/ Country	District	Year Obtained

**TETIARY QUALIFICATIONS:**

Institution Name	Qualification Name	Area of Specialization	Year Obtained (Not applicable for students)

**NB: ALL COPIES MUST BE CERTIFIED, STATE TRUE COPY OF ORIGINAL AND THE DATE MUST BE LESS THAN THREE MONTHS AT THE TIME OF SUBMISSION TO SACE.**

<b>DECLARATION</b>															
<p>I declare that all information provided (including copies) is complete and correct. I also hereby give SACE permission to check if there are no previous convictions against me by any tribunal. I understand that any false information supplied could lead to my application being disqualified or may lead to my name being removed from the register, and I will subscribe to the Code of Conduct of Professional Ethics.</p> <p>I further declare under oath that I never been convicted of a sexual offence against a child or a mentally disabled person. (In terms of section 46(1), (2) and (3) of the criminal law (Sexual Offence and Related Matters) amended Act, 32 of 2007.</p> <p>I am familiar with, and understand the contents of this declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.</p>															
<b>Cell Number:</b>															
<b>Email Address</b>															
<b>Signature</b>										<b>Date:</b>					
										<b>Y</b>	<b>Y</b>	<b>M</b>	<b>M</b>	<b>D</b>	<b>D</b>

**NB: Institutional Liability**

The Council, the Chief Executive Officer (CEO), or any member of the committee and staff member of the Council is not liable for any act performed in good faith in the execution of their duties with the Council.

**An employee of the Council who, in the public interest: -**

- a) Refuses to perform an act
- b) Omits to perform an act; or informs the Council or other appropriate authority of an act or omission performed by any other person, which act or omission endangers or is likely to endanger the safety or health of the public or fellow employees, shall not be liable for that refusal, omission or information.

**NB: Please refer to the SACE website ([www.sace.org.za](http://www.sace.org.za)) for registration requirements before completing this application form.**