

## GAUTENG DEPARTMENT OF EDUCATION



GAUTENG PROVINCE

EDUCATION  
REPUBLIC OF SOUTH AFRICA

## EMPLOYMENT PROFILE FORM (GDE 2R)

## 1. INSTRUCTIONS

**WHAT IS THE PURPOSE OF THIS EMPLOYMENT PROFILE (GDE 2R) FORM?**

To assist the Gauteng Department of Education (GDE) in selecting a person for an advertised post. This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

**WHO SHOULD COMPLETE THIS EMPLOYMENT PROFILE (GDE 2R) FORM?**

Only suitably qualified persons wishing to apply for an advertised position in the GDE Institutions.

**ADDITIONAL INFORMATION**

This form requires basic information. Candidates who are selected for interviews will be requested to bring along certified qualifications and other relevant documents that may be required to make a final selection.

Every application may be accompanied by original certified copies (not older than six months) of educational qualifications and SACE certificate.

**SPECIAL NOTES**

- All information will be treated with the strictest confidentiality and will not be disclosed or used for any other purpose than to assess the suitability of a person, except in so far as it may be required and permitted by law. Your personal details must correspond with the details in your ID or passport
- This information is required to enable the Department to comply with the Employment Equity Act, 1998
- This information will only be taken into account if it directly relates to the requirements of the position
- It is compulsory that all sections of the form be completed as honestly as possible where applicable**
- Please PRINT. **Mark blocks with an X where applicable**
- Only original signatures (no photocopies of signatures) will be valid on this form. Faxed or e-mailed copies of this document will not be accepted
- Post number MUST be in the correct format (**NO EXCEPTION WILL BE ALLOWED**)
- This form will be the only form that will be recognised when applying school educator post
- The format of the GDE2R must not change by adding or removing lines, columns or pages (it will be a standard 4 pager form) – this will be added as part of the criteria for sifting

## 2. PARTICULARS OF ADVERTISED POST

Post Description (as stated in the advert e.g. Principal)		Post Level	
Post Number: (as stated in the advert)			

(Please refer to the List of Vacancies [as advertised] for instructions to complete this form)

## 3. PERSONAL PARTICULARS OF APPLICANT

SURNAME and INITIALS					<b>S H O R T L I S T I N G</b>
NAME(S)					
PERSAL NO (If currently/ previously employed)					
I.D. NO. (Attach copy of the ID document, with an original stamp of certification)					
GENDER (Male/Female) (x)	Male		Female		
RACIAL GROUP (x) (For Employment Equity Purposes)	African	Coloured	Indian	White	
Do you have a disability? (Yes or No) (x) If yes, indicate nature.	Yes	No			

Are you a South African citizen? (x)	Yes	No	If NO, what is your country of origin?		
Do you have a permanent residence permits accompanied by a SA Identity Document? <b>(Foreigners Only)</b> (x) Yes/No	Yes	No	If yes, Permit Number/ID Number <b>(Foreigners Only)</b>		
Have you been convicted of a criminal offence? (x) (If yes, attach clearance letter)	Yes	No			
Have you been dismissed due to misconduct? (x) (If yes, attach clearance letter)	Yes	No			
Have you been convicted in line with the Sexual Offences and Related Act case (x) Yes/No	Yes	No			
Were you previously employed in the public service sector? (x) Yes/No	Yes	No			
If yes, how was your service terminated? (x) Please indicate date: _____ / _____ / _____	VSP (voluntary severance package)	RESIGNED	ILL-HEALTH	MISCONDUCT	Other (specify)
Are you in possession of the approval letter from the HOD? (x) Yes/No <b>(Not applicable to applicants who resigned)</b>	Yes	No	(a copy of this letter must be attached in the application)		
Are you currently employed? (x) Yes/No	Yes	No	Name of the institution and Province:		
Are you professionally registered? - <b>PLEASE STATE BODY AND NUMBER (e.g. SACE)</b> (x) Yes/ No	Yes	No	Body & Number:		
Are you Additional to current Post Establishment? (x) Yes/No (Attach EXOP Letter)	Yes	No	Name of the institution and Province:		

#### 4. CONTACT DETAILS

Telephone numbers, during office hours: ( )		Telephone Numbers, after office hours: ( )		
Postal Address		Postal Code		
Physical Address		Fax Number		
Cell Number		E-Mail Address		
Name and Contact details for next of Kin		Relationship		

#### 5. LANGUAGE PROFICIENCY – STATE ‘GOOD’; ‘FAIR’ or ‘POOR’

LANGUAGES <b>(Specify)</b>					
Speak					
Write					
Read					

#### 6. QUALIFICATIONS (ATTACH SEPARATE SHEET, IF NECESSARY)

School/University/College	Qualification(s)	Subjects/Majors/ Specialisation	Date obtained	
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	Matric			
Certified copies of all relevant qualifications and <b>subject statement (in case of PL1)</b> may be attached				

**7. ADDITIONAL QUALIFICATIONS/ COURSES ATTENDED (e.g. OBE Course)**

Name of course	Service provider	Duration of course	
1.			
2.			
3.			
4.			
5.			

**8. EXPERIENCE**

**(8.1) CURRENT EMPLOYMENT**

Department/ Employer	Institution	Post Level	Learning Areas & Grades	EXACT DATES		TOTAL		
				FROM (M / Y)		YEARS	MONTHS	

**(8.2) PREVIOUS EMPLOYMENT IN EDUCATION**

Department/ Employer	Institution	Post Level	Learning Areas and Grades	EXACT DATES		TOTAL		
				FROM (M / Y)	TO (M / Y)	YEARS	MONTHS	

**9. EXTRA AND CO-CURRICULAR ACTIVITIES (Other capabilities, e.g. projects)**

TYPE OF ACTIVITY	ORGANISATION	DURATION	
1			
2			
3			
4			

**10. NON-TEACHING/COMMUNITY EXPERIENCE**

ORGANISATION	POSITION HELD	TYPE OF ACTIVITY	DURATION	

1				
2				
3				
4				

**11. SKILLS** (e.g. communication, computer, etc.)

1	
2	
3	
4	

**12. PERSONAL QUALITY TRAITS** (i.e. your strengths)

1.	
2	
3.	

**13. REFERENCES** (Professional/ work related reference)

NAME	CONTACT DETAILS	RELATIONSHIP	
1			
2			
3			

**14. DECLARATION**

I declare that the above information provided (including any attachments) is true and correct to the best of my knowledge. I understand that any false or incorrect information could lead to my application being disqualified or to me being discharged on account of misconduct if appointed. Failure to disclose will result in disqualification.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Please Note: Only original signature will be regarded as valid (photocopied/faxed/mailed signatures will not be acceptable).