



South African Council for Educators
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 Avenue, Centurion, 0046
 Tel: (012) 663 9517/ 0861 007223
 Email: update.centurion@sace.org.za

FOR OFFICIALS USE ONLY!!				
PAYMENT METHOD				
PO	CH	CA	EF T	Non- Payment

Note that the application fee is non refundable. Please refer to www.sace.org.za for requirements before submitting an application

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

(please complete and sign the back part of the form)

QUALIFICATION: MATRIC INFORMATION:

Name of School	Province/ Country	District	Year Obtained

TETIARY QUALIFICATIONS:

Institution Name	Qualification Name	Area of Specialization for Education qualification	Year Obtained (Not applicable for students)
If you are currently enrolled for a teaching qualification, provide information below			

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.

DECLARATION												
<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>												
Cell Number:												
Email Address												
Signature					Date:	Y	Y	M	M	D	D

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) for registration requirements before completing this application form.