

3 STAFF INFORMATION
 All staff employed at the school on the survey date must be indicated on the survey form.
 Staff members who are on leave must be indicated even if they have been replaced by substitutes.
 Independent schools must indicate their staff under the heading "governing body".
NO STAFF MEMBER SHOULD BE COUNTED MORE THAN ONCE.

3.1 Number of STAFF remunerated by the STATE (Do not include employees paid by the governing body.)														
CATEGORY	Permanent				Temporary				Substitutes				Total	
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Educators														
Practitioners														
Prof. non-teaching staff														
Admin. Staff														
Support staff														
Hostel staff														

3.2 Number of STAFF remunerated by the GOVERNING BODY (Do not include employees paid by the state.)														
CATEGORY	Permanent				Temporary				Substitutes				Total	
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Educators														
Practitioners														
Prof. non-teaching staff														
Admin. Staff														
Support staff														
Hostel staff														

3.3 Number of Practitioners remunerated by State or Governing Body or both									
Nature of appointment	SGB		State Paid		Both		Total		
	Male	Female	Male	Female	Male	Female	Male	Female	
Part-time									
Full time									

Educators = Staff working in a teaching position including the principal, remedial educators and specialist educators.
Practitioner = Staff working in a pre-primary or a grade R class without the minimum teacher qualification (Lower than NQF level 5.)
Prof. non-teaching staff = Personnel who are classified as paramedics, social workers, caregivers, therapists and psychologists.
Admin. Staff = Personnel who are classified as secretaries, typists and administrative clerks.
Support Staff = Personnel who are classified as laboratory assistants, cleaners, kitchen staff, gardeners, caretakers, messengers, pre primary and Grade R assistants.
Hostel Staff = Personnel appointed at the hostel. Educators supervising at the hostel must not be included.
Substitutes = An educator who is filling in for another educator who has been included in the permanent or temporary column.
Full-time = Appointed in a full-time substantive post who works a full week.
Part-time = Appointed to work fewer hours than a full-time employee.

VERIFICATION AND CLEARANCE SECTION

The purpose of this clearance document is for the verification and authentication of the information declared by the school on the survey form.

The form is to be completed in full and verified by the Principal or Deputy Principal (or another designated person) at the school. The principal must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified per item on the form. This verification form should be submitted to the district/ regional offices and a copy should be filed at the school for audit purposes.

Once the form is received from a school at the district or regional office, the designated Provincial Education Manager must verify the data in each item on the form. The Provincial Education Manager must sign and stamp the provided space at the bottom of the verification form to confirm that the checking of the survey data has taken place and that all mistakes have been rectified.

1	SCHOOL LEARNER SECTION	Checked and confirmed? Yes / No		If not confirmed, please comment
		Principal	Education Manager	
1.1	Has the section on General School Information been completed correctly in all aspects? [Table 1.1 – Table 1.9]			
1.2	Does the total number of learners enrolled at the school per grade balance with the class registers for that grade? [Table 2.1]			

Summary Control Table: Educators				
1.3	Total number of Educators (state and SGB paid) at the school (excluding substitute educators)			
1.4	Total number of substitute Educators at the school(State and SGB paid)			

I certify that the information provided on this form is to the best of my knowledge and belief correct and complete.

	Name	Signature	Date
Data Compiler			
Principal			
Education Manager			

Principal to place school stamp here

Education Manager to place office stamp here