

SACE

South African Council for Educators Private Bag X127 Centurion 0046 Tel: (012) 663 9517 Fax: (012) 6630412 E-Mail: info@sace.org.za

APPLICATION FORM

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Postal code:

Type of institution (eg. Public school, Independent school, Further Education and Training institution,

University, etc.)																
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(ii) any legal proceedings by a competent authority? YES NO																
If yes, supply d	etails: _															

DECLARATION SECTION

I hereby apply for membership of SACE and authorise you to enter my name in the register with immediate effect. I declare that the information on this application form is true and correct. I declare that I ascribe to the SACE Code of Ethics, and that I will promote the status of the profession as required by the Code of Ethics.

Find enclosed a postal order for R60,00 in favour of SACE.

Signature:	Date:
Telephone number (Home):	(Work):

NOTE:

- 1. Do not send cash.
- 2. Put your completed application form, certified copies of professional qualifications and identity document, in a envelope and mail it to the abovementioned address. NB. Do not fax or e-mail any application documents.
- 3. All foreign qualifications must be evaluated by the relevant Quality Assurance bodies before submission.