

chondo (eMplima Kapa: Isebe leMfundo rovinsie van die Cos Kaap: Department van Onderwys orateusia va Kapa Bottanabera: Letanga la Thuto

#### CHIEF DIRECTORATE: EXAMINATIONS AND ASSESSMENT

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### **ASSESSMENT INSTRUCTION NO 8 OF 2025**

DEPUTY DIRECTOR GENERAL
CHIEF DIRECTORS
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS
CHIEF EDUCATION SPECIALISTS
CIRCUIT MANAGERS
DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS
PRINCIPALS OF ALL PUBLIC AND INDEPENDENT SCHOOLS
TEACHER UNIONS/ORGANISATIONS
SCHOOL GOVERNING BODIES

DATE: 20 JANUARY 2025

DECLARATION OF RELATIVES AND SIGNING OF CONFIDENTIALITY 2025

#### 1. BACKGROUND

- 1.1. In line with Regulations pertaining to the Conduct, Administration and Management of the National Senior Certificate examinations (NSC), published as Government Regulation Notice No. R872 in Government Regulation Gazette No. 31337 of 29 August 2008 and as amended as Regulation Notice No. 371 in Government Gazette No. 37651 dated 16 May 2014; the security and confidentiality agreement relating to examination matters must be signed by all officials involved in the managing and administering the examination process.
- 1.2. Employees who are involved in the National Senior Certificate examination, and who have immediate relatives in Grade 12 must disclose such information within 18 months before the commencement of the end of the year National Senior Certificate examinations.

## 2. DISCUSSION

- 2.1. The Assessment body must take every responsible step to ensure the security and confidentiality of: -
  - (i) Examination question papers
  - (ii) Examination answer book
  - (iii) Examination answer script
  - (iv) Marks sheets
  - (v) IT system and other assessment document







- (vi) SBA Marks
- 2.2. Effective security and confidentiality measures should be in place in the following areas of the examination process:
  - a) The setting and moderation of the examination question papers.
  - b) The printing of the examination question papers.
  - c) The storage of the final printed examination question papers as well as the printed backup examination question papers.
  - d) Persons entering or exiting the restricted administrative areas.
  - e) Examination question papers handed over by the Assessment bodies.
  - f) Distribution of examination question papers and the transfer of answer Books/scripts to and from examination centres.
  - g) Examination answer scripts of candidates under investigation.
  - h) The maintenance of the IT system.
  - i) Management and processing of SBA marks.
- 3. The Office of the Chief Director, Office of the Director and Section Heads are requested to ensure that all employees in their offices/sections adhere to the policy as stated above.
- 4. Confidentiality and the Declaration forms are attached to be filled in, attach copies of ID documents to the Policy Implementation and Monitoring Unit on or before **14 February 2025**.
- 5. All officials are obliged to fill in the Declaration Form even if there is/are no close relative/s writing examinations on the attached sample. The forms should be submitted with the list of officials in the office/section to ensure that all officials comply.

6. Co-operation by all officials is always anticipated and appreciated.

DEPUTY DIRECTOR GENERAL: CURRICULUM MANAGEMENT MR R TYWAKADI





# CONFIDENTIALITY AGREEMENT BETWEEN THE DEPARTMENT OF EDUCATION AND OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES

l,	_ declare that:			
(Identity Number	r)		(Persal Numbe	r)

- 1. I fully understand that I am employed by the Eastern Cape Education Department and more particularly in the Examinations Section of the Department and that I fully understand the need for confidentiality in all matters associated with:
  - 1.1 the distribution and storage of examination material.
  - 1.2 the security of examination matters.
  - 1.3 details of planned monitoring of centres.
  - 1.4 all results obtained by the candidates.
- 2. I therefore undertake never to breach this confidentiality in any way whatsoever.
- 3. I undertake to immediately report to the Department through the Head: Eastern Cape Examinations any breach or attempted breach of examination security that I become aware of. I undertake to share with the Department any concerns I have of possible future breaches of examination security.
- 4. I fully understand and accept that should I, without authority, make available to any person confidential information regarding examinations.
  - or should I whether by intent or negligence allow confidential examination information to be made available to any unauthorised person
  - or omit to report any breach or attempted breach of examination security, I shall be liable to disciplinary action by the Department. If I am found guilty of misconduct, the serious nature of this misconduct might cause my discharge, and any other penalties imposed legally on me by the Education Department. I fully understand the requirements and accept them unconditionally.

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SIGNATURE		4
DESIGNATION		
DATE		
WITNESS 1	NAME	
	SIGNATURE	
	DATE	
WITNESS 2	NAME	
	SIGNATURE	
	DATE	

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# DECLARATION BY OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES TO THE DEPARTMENT OF EDUCATION CONCERNING RELATIVE / CLOSE FRIEND WRITING THE 2025 NSC AND SC EXAMINATIONS

I,			declare that:
	(Full Names. PL	EASE PRINT)	====
	(Identity Number)	(Persal Num	ber)

- I have a relative/close friend writing the 2025 National Senior Certificate examination / Senior Certificate / AET L4 examination.
- 2. I fully understand and accept that should I, without authority, make available to this person confidential information regarding examinations; or should I, whether by intent or negligence, allow confidential examination information to be made available to this person I shall be liable to disciplinary action by the Department.
  - If I am found guilty of misconduct, the serious nature of this misconduct might cause my discharge, and any other penalties imposed legally on me by the Education Department.
- 3. I fully understand the requirements and accept them unconditionally.

DETAILS OF RELA	TIVE/CLOSE FRIEND							Ą						
FULL NAME														
ID NUMBER														
NAME OF SCHOOL	/CENTRE													
GRADE 11 ACHIEVEMENT (Cross applicable rating)		EXCELLENT			Т	GOOD			AVERAGE			POOR		
SIGNATURE OF DE	CLARANT													
DESIGNATION														
DATE														
WITNESS 1	NAME													
	SIGNATURE						E	ATE	E					
	ID NO													
WITNESS 2	NAME							100		-				
	SIGNATURE		10		·			C	ATE		e			-
	ID NO													

A certified copy of your ID and the relative/close friend ID shall be attached to this form

