



ADVERTISEMENT

APPLICATION FOR APPOINTMENT AS EXAMINATION ASSISTANT (EA) FOR JULY AND DECEMBER 2024 MARKING SESSIONS.

Applications are hereby invited from qualifying full-time students and unemployed teacher graduates to serve as Examination Assistants during the marking of the National Senior Certificate examination scripts in July and December 2024.

The following criteria and conditions will apply:

A. CRITERIA

Preference will be given to candidates in the following categories.

1. Full-time education students who are at least in their second year of study at a recognised tertiary institution
2. Education students with relevant and appropriate experience of examination-related work
3. Education students with basic numeracy skills
4. Unemployed education graduates with proof attached

B. INSTRUCTIONS TO APPLICANTS

ONLY SOUTH AFRICAN CITIZENS MAY APPLY.

1. **Complete all the spaces provided on the application form fully and honestly.**
2. Complete the separate form containing bank account details and have the bank verify and put a stamp on it. The applicant must please sign the form. Ensure to use your own banking details and not somebody else's.
3. Attach a certified copy of your qualifications.
4. If you are currently studying, attach a letter of proof of your latest registration at the tertiary institution that you are currently enrolled at.
5. Three certified copies of the green barcoded ID/ID card must be attached to the form.
6. Keep this advertisement and submit only one set of the application form.
7. Employed persons will not be considered for appointment as examinations assistants.

8. False information, if detected, will lead to the rejection of any application or prompt dismissal if appointed.
9. Incomplete, e-mails, faxed and late applications will not be considered.
10. No sleeping accommodation and no transport will be provided for examination assistants.
11. Due to the large number of applications expected, receipt of applications will not be acknowledged.
12. Marking times are from 8:00 in the morning until 20:00 in the evening.

**SUBMIT YOUR APPLICATION FORMS VIA THE
DISTRICT OFFICE OR AT THE FIDEL CASTRO
BUILDING GROUND FLOOR OR N8 GATEWAY
OFFICE PARK**

The closing date for applications is **31 May 2024**


SUPERINTENDENT GENERAL: EDUCATION
DATE:

16/4/2024



FREE STATE DEPARTMENT OF EDUCATION
DIRECTORATE: EXAMINATIONS AND ASSESSMENT
(Application must be completed in duplicate)

APPLICATION FOR APPOINTMENT AS EXAMINATION ASSISTANT (EA) JULY / DECEMBER 2024

N.B.: Marking may be decentralised to all of the five Education Districts in the Province, therefore kindly indicate your preferred town(s) by marking with an "X" in the blocks provided. Please note: You will have to make your own accommodation and transport arrangements wherever you prefer to work.

MARKING CENTRE DUTIES	CAPTURING OF MARKS
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JULY / DECEMBER 2024		
BLOEMFONTEIN	WELKOM	KROONSTAD
JACOBSDAL	PARYS	BETHLEHEM
THABA NCHU	TWEESPRUIT	BULTFONTEIN
PHUTHADITJHABA	REITZ	SENEKAL
ZASTRON	DE WETSDORP	FICKSBURG
BOSHOF	PETRUSBURG	

Personal Details:

1. Surname

2. Initials

3. Title

4. Race

<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
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5. ID Number

6. Persal Number

Contact Details:

7. Postal address

Street:	<input type="text"/>
Area:	<input type="text"/>
Town/City:	<input type="text"/>
Code:	<input type="text"/>

8. Telephone Number/Alternative number

9. Tax number

Academic Information:

10. Which year did you complete your matric?

11. Institution: College/University

12. Course you are following

13. Current year of study

<input type="checkbox"/> 1 ST	<input type="checkbox"/> 2 ND	<input type="checkbox"/> 3 RD	<input type="checkbox"/> 4 th	Post Graduate
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Post Graduate Completed

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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14. Qualified unemployed educator

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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15. Course you have completed

16. Major subjects/Courses

E-mail Address:



Additional information:

17. Any close relative at the Examinations Directorate

YES	NO
Specify relationship:	

18. Are you computer literate?

YES	NO
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19. Do you have any disability?

YES	NO
-----	----

20 Have you volunteered in any support programme of the department?

YES	NO
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21 Specify the type of programme and indicate where and when.

22 Are you taking part in any teacher assistant position at any school.

YES	NO
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PREVIOUS EXPERIENCE AS AN EXAMINATION ASSISTANT

Marking centre	X	Data Capturing	X	Office Duties	X	Warehouse	X	Year
e.g Boshof	X							2019

Please take note: The grey area is an example.

I hereby certify that the above information is correct.

Applicant

Date

SUBMIT YOUR APPLICATION FORMS VIA THE DISTRICT OFFICE OR AT THE FIDEL CASTRO BUILDING GROUND FLOOR OR N8 GATEWAY OFFICE PARK 1ST FLOOR

CLOSING DATE: 31 MAY 2024



APPLICATION TO DEPOSIT SALARY DIRECTLY INTO BANK ACCOUNT

The Accounting Officer
Private Bag X 20565
Bloemfontein
9300

_____ (Full Names in Block Letters)

hereby request you to pay my net salary to the credit of *my /my husband's / my wife's account at the undermentioned *Bank / Building Society until further notice.

I.D. Nr.

Salary Reference Nr
(Persal number)

*Bank / Building Society #

Branch (Street) #

*Bank Code/Building Society #

Account number #

Fields to be completed by the Bank

Indicate with an "X"

Savings Account

Current Account

Transmission Account

Applicant's signature

Job Title / Rank

Date

* DELETE WHICH IS NOT APPLICABLE

Contact number (cell nr)

It is hereby confirmed that the account number and bank code / building society code as provided is correct as per the ACB/BDB provisions of this institution.

DATE STAMP OF BANK/ BUILDING SOCIETY

Signature of bank official

Job Title / Rank

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Salary Reference Nr
(Persal number)

*Bank / Building Society #

Branch (Street) #

*Bank Code/Building Society #

Account number #

Fields to be completed by the Bank

Indicate with an "X" Savings Account Current Account Transmission Account

Applicant's signature Job Title / Rank Date

* DELETE WHICH IS NOT APPLICABLE Contact number (cell nr) _____

It is hereby confirmed that the account number and bank code / building society code as provided is correct as per the ACB/BDB provisions of this institution.

DATE STAMP OF BANK/ BUILDING SOCIETY

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