

**EHR 7**

**CURRICULUM VITAE FORM**

**A. PERSONAL PARTICULARS**

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| **ARE YOU AN ADDITIONAL EDUCATOR: (MARK WITH “X”)** | **YES** | **NO** |
| **HAVE YOU BEEN ACTING IN THE POST FOR TWO (2) YEARS OR MORE? (MARK WITH “X”)** | **YES** | **NO** |

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| 1. **SURNAME**
 |  | * 1. **MAIDEN NAME**

 **(if applicable)** |  |
| * 1. **FIRST NAME/S**
 |  | * 1. **TITLE**
 |  |
| * 1. **PERSAL NO.**

 **(if applicable)** |  |
| * 1. **POSTAL**

 **ADDRESS** |  |
| **POSTAL CODE** |  |
| * 1. **PERMANENT**

**RESIDENTIAL****ADDRESS** |  |
|  |
| **POSTAL CODE** |  |
| * 1. **CONTACT NUMBERS**
 | **HOME** |  | **CODE** |  |
| **WORK** |  | **CODE** |  |
| **CELLULAR****(if any)** |  |
| * 1. **CONTACT PERSON**
 | **NAME** |  |
| **TELEPHONE** |  | **CODE** |  |
| **CELLULAR****(if any)** |  |

**B. EMPLOYMENT DETAILS AND HISTORY**

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| * 1. **PROVINCIAL/NATIONAL DETARTMENT OF EDUCATION**
 |  |
| * 1. **WHERE STATIONED (Name of School / Institution / Other)**
 |  |
| * 1. **CURRENT PERMANENT POST**

 **(Please indicate if applicable)** | **LEVEL 1** | **HOD** | **DEPUTY PRINCIPAL** | **PRINCIPAL** |
| * 1. **CATEGORY CLASSIFICATION**

**(Please Indicate)** | **C****REQV 13** | **D****REQV 14** | **E****REQV 15** | **F****REQV 16** | **G****REQV 17** |
| * 1. **TOTAL YEARS OF SERVICE**
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| * 1. **TEACHING EXPERIENCE**
 |
| **SCHOOL/ INSTITUTION / OTHER** | **POSITION HELD** | **LEARNING AREA / SUBJECT** | **PHASE GRADES** | **EXACT DATE OF SERVICE** | **REMARKS****e.g. Promotion; Resignation; Transfer & Termination etc.** |
| **FROM** | **TO** |
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| **TOTAL NUMBER OF YEARS:** |  |

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| * 1. **LEADERSHIP: ADMINISTRATIVE, MANAGEMENT AND RELATED EXPERIENCE**

**(DO NOT EXCEED THE NUMBER OF LINES PROVIDED)** |
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| * 1. **ORGANISATIONAL ABILITY AND EXPERIENCE**
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| * 1. **PROFESSIONAL DEVELOPMENT / EDUCATIONAL EXPERIENCE, INTEREST AND INSIGHT**
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| * 1. **LEADERSHIP: COMMUNITY RELATED**
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**DECLARATION**

**I hereby certify that the information supplied is correct and I undertake to furnish any original documents on request.**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **SIGNATURE OF APPLICANT** | **DATE** |