

CHIEF DIRECTORATE: EXAMINATIONS AND ASSESSMENT

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Website: www.ecdoe.gov.za

ASSESSMENT INSTRUCTION 21 OF 2021

TO:

DEPUTY DIRECTORS- GENERAL

CHIEF DIRECTORS

HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS

CHIEF EDUCATION SPECIALIST

CIRCUIT MANAGER

DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS

DISTRICT HEAD OF EXAMINATIONS

PRINCIPALS OF PUBLIC AND INDEPENDENT

TEACHER UNIONS / ORGANISATIONS

SCHOOL GOVERNING BODIES

DATE:

09 APRIL 2021

SECURITY AND CONFIDENTIALITY IN ADMINISTRATION OF EXAMINATIONS

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, have reference:

- Officials 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.
- The security and confidentiality agreement relating to examination matters must be signed by all officials involved in managing and administering the examination process.
- Districts, schools/centres must take every responsible step to ensure that the security of examination answer scripts, examination question papers, mark sheets, IT system and other assessment documents.



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- 4. Effective security and confidentiality measures should be in place in the following areas of the examination process:
- 4.1 Persons entering or exiting the restricted administrative areas; and
- 4.2 Distribution of examination material to and from examination centres.
- 5. The Declaration form (ANNEXURE A) is attached to be filled in by all officials who will be involved in the administration of 2021 National examination.
- 6. All officials are obliged to fill in the Confidentiality Agreement Form (ANNEXURE B) even if there is/are no close relative/s writing Examinations.
- 7. The forms must be filed with the list of officials at the school/ District for easy reference to verify the state of readiness for the administration of 2021 examinations.
- 8. The closing date for the submission of forms and list of officials to the Provincial office will be on or before the 30 April 2021.

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

(A) DEPUTY - DIRECTOR GENERAL: CM & D

MR M. JACK

DATE:

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ANNEXURE A



DECLARATION BY OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES TO THE DEPARTMENT OF EDUCATION CONCERNING RELATIVE/CLOSE FRIEND WRITING THE 2021 NATIONAL SENIOR CERTIFICATE (NSC)/AET L4 EXAMINATION

NB: A certified copy of your ID and the relative/close friend ID shall be attached to this form. declare that: (Full Names. PLEASE PRINT) (Identity Number) (Persal Number) I have a relative/close friend writing the 2021 National Senior Certificate examination/AET L4 1. examination. I fully understand and accept that should I, without authority, make available to this person 2. 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. I fully understand the requirements and accept them unconditionally. **DETAILS OF RELATIVE/CLOSE FRIEND FULL NAME ID NUMBER** NAME OF SCHOOL/CENTRE **GRADE 11 ACHIEVEMENT** (Cross applicable rating) **EXCELLENT** GOOD **AVERAGE POOR** SIGNATURE OF DECLARANT **DESIGNATION** DATE WITNESS 1 NAME **SIGNATURE** DATE ID NO WITNESS 2 NAME **SIGNATURE** DATE ID NO

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

NB: A certified copy of your ID and the relative/close friend ID shall be attached to this form declare that: (Full Names. PLEASE PRINT) (Identity Number) (Persal Number) 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; the security of examination matters; 1.2 1.3 details of planned monitoring of centres: 1.4 all results obtained by the candidates. I therefore undertake never to breach this confidentiality in any way whatsoever. 2. 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. I fully understand and accept that should I, without authority, make available to any person 4. 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

		- mont uncontainentally.
SIGNATURE		
DATE		
WITNESS 1	NAME	
	SIGNATURE	
	DATE	
WITNESS 2	NAME	
	SIGNATURE	
	DATE	

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