



Province of the
EASTERN CAPE
EDUCATION

HOME OF EXAMINATIONS AND ASSESSMENT

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TO :

- DEPUTY DIRECTORS-GENERAL**
- CHIEF DIRECTORS**
- DHET REGIONAL MANAGER**
- HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS**
- CHIEF EDUCATION SPECIALISTS**
- ECCEP PRINCIPALS**
- ECCEP DEPUTY PRINCIPALS**
- EDUCATION DEVELOPMENT OFFICERS**
- DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS**
- COMMUNITY LEARNING CENTRE MANAGERS**
- TEACHER UNIONS/TEACHER ORGANISATIONS**
- ECCEP COUNCIL**
- ECCEP ACADEMIC BOARD**

DATE : 25 MARCH 2019

**AET L4 APPLICATION FOR APPOINTMENT AS A CHIEF MARKER
OR MARKING MODERATOR: 2019 – 2021**

1. GENERAL

- 1.1 Application by lecturers for Appointment as a Chief Marker/Marking Moderator for the 2019-2021 Adult Education and Training AET L4 Examinations (**ANNEXURE 1**).
- 1.2 Applicants are required to carefully read all instructions on the application form.
- 1.3 All officials must check the Application Forms carefully and verify that only application forms for competent and qualified lecturers undergo the final processes (Shortlisting and Interviews).
- 1.4 Application forms are to be handed in at the Education District Offices – Exams Unit.

- 1.5 Verification and sorting process will be done at the Centre and District levels by appropriate Verification Committees.
- 1.6 Chairpersons of the verifying committees must ensure that all documents required have been attached by each applicant. A checklist is attached to the Application Form.
- 1.7 Chairpersons of District Verification Committees must also verify if applicants teach the learning areas they are applying to manage during marking.

2. WHO SHOULD APPLY AS A CHIEF MARKER OR MARKING MODERATOR

- 2.1 A lecturer may apply to be a Chief Marker or Marking Moderator of the Adult Education and Training AET L4 Examinations provided he/she has taught the Learning Area he/she is applying for in Level 4 during the period 2016 to 2018 and was either an Examiner, Setting Moderator, Chief Marker, Marking Moderator, Deputy Chief Marker or Senior Marker during this period.
- 2.2 A lecturer with a recognized three-year post school qualification which must include the subjects concerned at a second or third year level (In conjunction with 2.1).
- 2.3 Centre Management Team members who taught AET L4 during the period 2016 – 2018 and who have strong support staff that will manage the centers in their absence.
- 2.4 Lecturers who have any qualification beyond Grade 12 must include a transcript of results from the institution showing the courses and the year of study.
- 2.5 **Lecturers must have taught the subject and obtained 80% pass rate between 2016 and 2018 in the Learning Area applying for.**

3. WHO DOES NOT QUALIFY TO MARK?

- 3.1 Lecturers who never taught AET L4 during the period 2016 – 2018 in the Learning Area they are applying for.
- 3.2 Lecturers who were never appointed as Examiners, Setting Moderators, Chief Markers, Marking Moderators, Deputy Chief Markers or Senior Markers in the period from 2016 - 2018.
- 3.3 SBA Cluster Leaders and SBA Co-ordinators who are not teaching the Learning Area or do not have qualifications in the Learning Area they co-ordinate.
- 3.4 A lecturer who does not have at least three years of recent teaching experience at Level 4 in the Learning Area.
- 3.5 Officials employed in the Assessment and Examinations Chief Directorate.
- 3.6 Lecturers or officials involved in Examination Irregularities in 2016 – 2018.
- 3.7 Lecturers who are retired/dismissed.

4. VERIFICATION AT CENTER LEVEL:

- 4.1 Center Managers to convene a meeting with all participants and the Centre Management Team.
- 4.2 All application forms must be quality assured jointly at this meeting.
- 4.3.1 Complete the **LIST OF APPLICANTS (ANNEXURE 2)**, that will be signed by each applicant and his/her Head of Department (HOD). The signed Attendance Register must be attached to the list of applicants.
- 4.3.2 The signing of the LIST OF APPLICANTS is legally binding. It certifies the accuracy, and takes ownership, of the information provided by all signatories.
- 4.3.3 Center Managers must present the list of applicants to the entire staff members before signing it.
- 4.3.4 Any false information on this document will result in the disqualification of all the participants in the verification meeting from being appointed as markers for two years.

5. INSTRUCTIONS TO CENTER MANAGERS

- 5.1 Approval must only be given by signing the form, if the applicant was/is responsible for the teaching of the Learning Area at Level 4 during the period 2016 – 2018.
- 5.2 Do not sign application forms for lecturers who are **not teaching in your center.**
- 5.3 NB: Center Managers must ensure that information provided on the application form is accurate and verifiable.

6. VERIFICATION AT DISTRICT LEVEL

- 6.1 Members of the **Verification Committee** to verify the application for AET L4 Chief Markers and Marking Moderators will include:
 - 6.1.1 CES: Curriculum (Chairperson).
 - 6.1.2 CES: Governance.
 - 6.1.3 DCES: Assessment & Examinations
 - 6.1.4 Education Development Officer (EDO)
 - 6.1.5 CET: Regional Official
 - 6.1.6 Teacher Union representatives as observers
 - 6.1.7 **NB: Make sure that all criteria are met and information provided is verified. Reasons must be written in the space on the application form in the event of an applicant being not recommended.**

7. APPOINTMENT AT HEAD OFFICE

- 7.1 Members of the **Verification Committee** to verify the application for AET L4 Chief Markers and Marking Moderators is as follows:
 - 7.1.1 CES: Marking Processes and Marking Processes Officials.

- 7.1.2 CES Instrument Development.
- 7.1.3 CES Internal Assessment.
- 7.1.4 Human Resource Administration.
- 7.1.5 Head Office Curriculum Official.
- 7.1.6 CET: Regional Official.
- 7.1.7 ECCET: Deputy Principal – Academic.
- 7.1.8 Teacher Union representatives as observers.

8. CRITERIA FOR APPOINTMENT

- 8.1 Appointed Chief Markers and Marking Moderators must have attended all professional development and training programs and have a proven track record of excellence in the Learning Area applying for and must attach references.
- 8.2 Lecturers must have obtained **at least 80% pass rate** in the Learning area applying for in the 2016 – 2018 Examinations.
- 8.3 A copy of an Appointment Letter as Examiner, Setting Moderator, Chief Marker or Marking Moderator; and a short resume` must be attached.
- 8.4 At Least 3 years of recent teaching experience in the Learning Area during the period 2016 – 2018.

9. CRITERIA FOR REJECTION

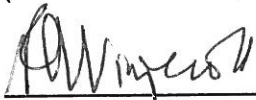
- 9.1 Incomplete or illegibly completed application forms will not be considered.
- 9.2 Application forms received at the Districts Office after the closing date will not be considered.
- 9.3 No application forms will be accepted at the Provincial Head Office. All applications must be submitted through the District Office for verification at District level.
- 9.4 Lecturers who obtained less than 80% pass rate between 2016 -2018 in the Learning Area applying for.
- 9.5 Failure to attach the appointment Letter as Examiner, Setting Moderator, Chief Marker or Marking Moderator; and a short resume.

10. IMPORTANT DATES

Closing date for receiving application forms at District level:	MONDAY, 17 APRIL 2019
Closing date for submission of application forms at Provincial Office:	TUESDAY, 02 MAY 2019

Kindly note that all the information in the application forms will be verified with the database in the DHET Regional Office as well as the ECCET database. Applicants are therefore reminded that provision of inaccurate and fraudulent information constitutes grounds for immediate disqualification and disciplinary action.

The co-operation of all stakeholders in this important process is both anticipated and appreciated.



MS P. VINJEVOLD

A/DEPUTY DIRECTOR GENERAL: EPEM

For Office use: Capture By: _____

Signature _____

Date _____



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

LEARNING
AREA

SHORT CODE: _____

ANNEXURE 1

ASSESSMENT INSTRUCTION 25 OF 2019

Place
Two ID Photos
Here

APPLICATION FORM: CHIEF MARKER / MODERATOR

AET L4 EXAMINATIONS: 2019-2020

CLOSING DATE: 17 APRIL 2019

At the District Office

[NO APPLICATION WILL BE ACCEPTED AT THE PROVINCIAL OFFICE IN ZWELITSHA AFTER THE CLOSING DATE – NO FAXES ACCEPTABLE]

INSTRUCTIONS TO COMPLETE THIS FORM

- Any person found to have given fraudulent information will be disqualified from marking.
- A **separate** application form must be completed for each Learning Area applied for.
- Certified copies of matric and academic qualifications **MUST** accompany every application. If the Certificate/Degree does not show the specific major subject, then a copy of the **subject advice sheet/transcript** must accompany the Certificate/Degree. This applies to ACE qualifications also.
- A recommendation from Centre Manager and AET Co-ordinator must be attached if the applicant does not have the qualifications in the subject applying for but has been teaching it.
- Criteria for appointments: Please see the Government Gazette of 12 February 2016 or refer to page 3 of this application form.
- Attach a **certified copy** of your ID Document to this form.
- Attach a **certified copy** of SACE certificate
- Attach a recent ID Photo of yourself to the top right corner of this form.
- An EDO **must** not apply for marking.
- Only Lecturers from the Department of Higher Education, Eastern Cape may apply. No applications from other Departments and Provinces will be accepted.

A. PERSONAL INFORMATION

PERSAL No.										ID No											Date of Birth	1	9	Y	Y	M	M	D	D
Surname											First Names																		
Title											Initials																		
Tel. No. (W)											Postal Address																		
Tel. No. (H)																													
Cell Number												Postal Code																	
Present Post	<input type="checkbox"/> DCES <input type="checkbox"/> AET Regional Co-ordinator <input type="checkbox"/> Centre Manager <input type="checkbox"/> Lecturer <input type="checkbox"/> Other: Specify																												
AET L4 Exam Centre Number											District Name																		
Institution/Centre Name																													

B. POPULATION GROUP

To which population group do you belong?

☐ Black
 ☐ Coloured
 ☐ Indian
 ☐ White
 ☐ Other

If other, please specify: _____

HOSPITALITY

If successful, will you need accommodation during marking period?	YES	Y	NO	No
Gender	Male	M	Female	F
Meals - Normal	YES	Y	NO	No
Vegetarian (NB: All meals HALAAL)	YES	Y	NO	No

C. BANK PARTICULARS

Name of Bank		Branch Name	
Account Number		Branch Code	
Type of Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Transmission Account

D. LANGUAGE COMPETENCY

Marking language preference for all subjects	English		
	Afrikaans		

E. QUALIFICATIONS (In the Learning Area applied for on this form)

Qualification for Marking:	1. At least a second-year pass at a tertiary level in the Learning Area to be marked. 2. At least 3 years of recent teaching /advising experience in the Learning Area in AET L4 i.e 2016, 2017 or 2018			
Learning Area	Years of Study	Degree/Diploma Name	Year obtained	Obtained at
<i>E.g. English</i>	2	<i>B. Sc.</i>	1990	<i>Fort Hare</i>
TEACHING QUALIFICATIONS (i.e. HDE)				

F. MARKING EXPERIENCE

Year	Learning Area Code	Learning Area Description	Rank (e.g. Chief Marker / Senior Marker)
2016			
2017			
2018			

G. PARTICULARS OF POST

Have you taught/advised the Learning Area in AET L4 between 2016- 2018?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently teaching/advising the Learning Area in AET L4?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed by the Department of Higher Education & Training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you resigning from your post in the Department of Higher Education & Training on or before December 2019?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you take the VSP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you retired/Dismissed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

H. TEACHING/ADVISING EXPERIENCE (Relative to the Learning Area applied for on this application)

Learning Area Code	Learning Area Description	Grade 12			Name of Centre	Centre Contact No.
		Year Start	Year End	Total Years		
LCEN 4	English	2015	2014/15	2	Middledrift Prison	(043) 8511030
		2016				
		2017				
		2018				

application)

Year	Learning Area Code	Learning Area Description	Learning Area Pass %	Learning Area Average %	No of learners in the Learning Area
2016					
2017					
2018					

DECLARATION BY APPLICANT

Should there be any change in my employment status, I will inform the District office or the Marking Centre Manager immediately. I understand that incomplete information, missing documents or signatures will lead to automatic disqualification of this application. I hereby declare that all the information supplied in this application is true and correct

Print Name_____
Signature: Applicant_____
Date**DECLARATION BY CENTRE MANAGER**

To my knowledge the above-mentioned information is true and correct. I accept that the above person may leave the institution, if appointed, as early as 28 November 2019 and must return to school if marking is completed prior to official closure of schools. Lecturers appointed as markers are to complete their work at their institution before reporting to the marking centre.

Print Name/Initials_____
Signature: Centre Manager_____
Date

SCHOOL

STAMP

**RECOMMENDATION BY AET CO-ORDINATOR/ CES: CURRICULUM
(Chairperson of Verification Committee)**

To my knowledge the above-mentioned information is true and correct. I confirm and certify that the applicant is currently teaching AET L4 for the Learning Area applied for and fully complied with the SBA moderation requirements.

Print Name_____
Signature: AET Co-ordinator /CES: Curriculum_____
Contact Number_____
Date

DISTRICT OFFICE

STAMP

DISTRICT VERIFICATION:		PROVINCIAL SELECTION PANEL Indicate with a tick ✓		
Recommended [] : Not Recommended [] If Not Recommended: Committee to state reason(s) why applicant is not recommended				
		SUCCESSFUL	RESERVE LIST NUMBER	UNSUCCESSFUL



LIST OF AET L4 LEARNING AREAS

CODE	LEARNING AREA DESCRIPTION
INCT4	Information Communication Technology L4
LIFO4	Life Orientation L4
LCXH4	IsiXhosa L4
LCEN4	English L4
ARTC4	Arts and Culture L4
MLMS4	Mathematical Literacy L4
MMSC4	Mathematics and Mathematical Sciences L4
HSSC4	Human and Social Sciences L4
TRVT4	Travel and Tourism L4
SMME4	Small Medium and Macro Enterprises L4
EMSC4	Economic and Management Sciences L4
WHRT4	Wholesale and Retail L4
NATS4	Natural Sciences L4
AAAT4	Applied Agriculture and Agricultural Technology L4
ANHC4	Ancillary Health Care L4
ECDV4	Early Childhood Development L4

CENTRE VERIFICATION

1. CENTRE VERIFICATION TEAM

Centre Manager – Chairperson

ALL AET L4 LECTURERS APPLYING TO MARK 2019 AET L4

2. CENTRE VERIFICATION PROCEDURE

- All members of the Verification Team must be present.
- All applicants must be present.
- Minutes of the meeting should be attached and submitted to the District Office.
- The Centre Manager should table the lecturers' application forms before the Verification Committee.

3 The Committee must verify if each applicant qualifies to apply to be a Marker of the AET L4 Examination and if he/she has taught AET L4 during the period 2016 to 2018.

- When a lecturer's application has been approved, the lecturer must sign next to his/her name.
- The Head of Department (HOD) must append his/her signature next to the name of the lecturer he/she supervises.
- The List of Applicants must be presented to the whole staff.

3.2.1 The Centre signs the List of Applicants, after the staff has accepted that the applicants taught AET L4 during the period 2016 to 2018.

- The Centre Manager must submit the list to the District Office, and the district official receiving the list must print his/her name and append a signature as acknowledgement of receipt of the list.

Full name and surname

Signature: Center Manager

Date



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

LIST OF APPLICANTS – 2019 AET L4

NAME OF DISTRICT

NAME OF CENTRE

NO	SURNAME & INITIALS	PERSAL NO.	ID NUMBER	LEARNING AREA	PAPER	APPLICANT'S SIGNATURE	HOD SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

NB. IF ANY OF THE INFORMATION PROVIDED ABOVE IS FOUND TO BE INCORRECT, ALL LECTURERS WHO PARTICIPATED IN THE VERIFICATION MEETING SHALL BE DISQUALIFIED WITH IMMEDIATE EFFECT.

Centre Manager Full Name (Print)

Centre Manager Signature

Date

CENTRE STAMP