



**CHIEF DIRECTORATE: EXAMINATIONS AND ASSESSMENT**

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**ASSESSMENT INSTRUCTION 13 OF 2024**

**TO: DEPUTY DIRECTORS - GENERAL  
CHIEF DIRECTORS  
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS  
CHIEF EDUCATION SPECIALISTS  
CIRCUIT MANAGERS  
DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS  
PRINCIPALS OF PUBLIC AND INDEPENDENT SCHOOLS (GRADES 10 – 12)  
TEACHER UNIONS/TEACHER ORGANISATIONS  
SCHOOL GOVERNING BODIES**

**DATE: 31 JANUARY 2024**

**APPLICATION FOR APPOINTMENT AS INVIGILATORS FOR 2024/25 GRADE 12  
NATIONAL SENIOR CERTIFICATE EXAMINATIONS (NSC) / SENIOR  
CERTIFICATE (SC) AND PART TIME CENTRES**

1. Applications are invited from qualifying unemployed applicants for appointment as **INVIGILATORS** for National Senior Certificate Examination (NSC) and Amended Senior Certificate Examination (SC) Part – time centres for 2024/25. Application form is attached as **ANNEXURE A**.
2. A form for declaration by officials involved in examination activities to the Department of Education concerning relatives/close friends writing the National Senior Certificate (NSC)/ Senior Certificate (SC) is attached as **ANNEXURE B**.
3. Application forms to be handed in at District Offices Examinations and Assessment Office for applicants who qualify and wish to be appointed as **INVIGILATORS** for Grade 12 NSC/SC Part - time centres examinations.

**4. BACKGROUND**

It is the responsibility of the Assessment Body to protect the integrity of the external examinations as contemplated in Regulations pertaining to Conduct, Administration and Management of the National Senior Certificate Examination as amended,



paragraph 4 of Annexure I. At private centres, invigilators are to be appointed in accordance with the instruction of the Head of the Assessment Body.

## 5. DUTIES OF INVIGILATORS

Duties of invigilator include:

- Admission of registered candidates to the examination room.
- Monitor the process of the writing examination, from the start until the end of examinations.
- Safeguard the security of examination venues and material.
- Submit daily reports to the district office.
- Protect the integrity and creditability of examination processes.

## 6. TRAINING OF INVIGILATORS

Invigilators must have a thorough knowledge of the procedures, rules and regulations pertaining to the administration of examinations. Appointed invigilators will be trained before the commencement of examinations.

## 7. WHO QUALIFIES TO BE AN INVIGILATOR?

- 7.1 Applicants should be unemployed South African citizens and retired educators above 25 years but below 60 years.
- 7.2 Applicants must have a minimum of Grade 12 qualification.
- 7.3 Foreign Nationals who have a passport and work permit which is valid for more than six (6) months, SAQA and DHET evaluation Certificate.

## 8. WHO DOES NOT QUALIFY TO BE AN INVIGILATORS

- 8.1 Applicants who do not meet the criteria in 7 above.
- 8.2 Officials who were involved in examination irregularities.
- 8.3 Applicants who are employed full time/part time.
- 8.4 Individuals who are below 25 years of age and above 60 years.

## 9. CONDITIONS OF APPOINTMENT

- 9.1 Applications must be completely filled in.
- 9.2 All required documents, ID and recent photos must be attached to the application form. Documents **must be certified by SAPS only** and must be valid for 3 months from the date of application.



9.3 Applicants with relatives/close friends registered to write NSC/SC cannot be appointed in the centres where these candidates are registered.

9.4 The Department of Education reserves the right to disqualify any appointment if there is evidence that the applicant misrepresented him/herself by providing fraudulent or inaccurate information, both work and academic record.

9.5 Appointed applicants will be expected to sign a binding 1 year contract with the Department.

## 10. REMUNERATION OF INVIGILATORS

10.1 Appointed invigilators will be remunerated in accordance with Personnel Administration Measurement (PAM) as amended.

10.2 Invigilators will be paid per hour.

10.3 Transport costs will be paid to invigilators.

## 11. RECOMMENDATIONS BY DISTRICT OFFICES

11.1 The membership of the District Committee that recommends qualifying applicants is constituted as follows:

11.1.1 Chief Education Specialist: Curriculum / Examinations (Chairperson)

11.1.2 District Head of Examinations and Senior examinations officials.

11.1.3 Three members of District Assessment Irregularities Committee (DAIC)

11.1.4 HRA secretariat.

11.1.5 Union Members as observers.

11.2 The District Committee is expected to:

11.2.1 Recommend qualifying applicants and place them in centres that are nearer to their residential addresses.

11.2.2 Submit application forms and costed lists to Head Office for final appointments.

11.2.2 Submit minutes and attendance register for the selection panel.

11.2.3 Make provision of reserve lists to cater for those who will not be able to accept the appointment.



- 11.3 Batch all qualifying applicants that are not placed per centre and submit to the Head Office.
- 11.4 Submit all the non-recommended application forms to the Head Office.
- 11.5 Train and appoint invigilators before the start of the examinations.

## 12. APPOINTMENT BY HEAD OFFICE

- 12.1 Final appointments will be done by Head Office.
- 12.2 A submission for approval of appointment and payment of invigilators and payment of invigilators.

## 13. CLOSING DATES:

<b>Closing date for receiving application forms at the District Office</b>	<b>08 MARCH 2024</b>
<b>Closing date for receiving application forms at the Provincial Office</b>	<b>12 APRIL 2024</b>

Kindly note that all information in application form will be verified and applicants are therefore reminded that provision of inaccurate information constitutes grounds for immediate disqualification and disciplinary action.

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

  
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**DEPUTY DIRECTOR GENERAL: CURRICULUM  
MANAGEMENT AND DELIVERY  
MR R. TYWAKADI**

07/02/2024  
**DATE**



**ANNEXURE A ASSESSMENT INSTRUCTION 13 OF 2024**

	Province of the <b>EASTERN CAPE</b> EDUCATION	<b>INDICATE CENTRES IN THE ORDER OF PREFERENCE</b>		Place Two ID Photos  Here
		<b>PREFERENCE</b>	<b>CENTRE</b>	
		1		
		2		
		3		

**APPLICATION FORM: INVIGILATOR  
GRADE 12 NSC EXAMINATION: 2024-2025**

DISTRICT

(tick appropriate block)

**CLOSING DATE 08 MARCH 2024: 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**

- Educator/s with foreign qualifications must attach SAQA & DHET Certificate as well as valid work permit.
- Certified copies of Matric and academic qualifications **MUST** accompany every application.
- Attach a **certified copy** of your ID Document to this form.
- Attach **TWO** recent ID Photos to the top right corner of this form.
- Attach a certified copy of SACE certificate (Applicable to applicants who are educators)
- A two pages curriculum vitae should be attached.
- Any person found to have given fraudulent information will be disqualified.
- Copies must be certified by SAPS only and must be valid for 3 months from the date of application.

**A. PERSONAL INFORMATION**

ID No	<input type="text"/>																		Date of Birth	1	9	Y	Y	M	M	D	D
Surname	<input type="text"/>				First Names	<input type="text"/>																					
Title	<input type="text"/>		Initials	<input type="text"/>		Physical Address	<input type="text"/>																				
el. No. (W)	<input type="text"/>				E- mail address	<input type="text"/>																					
el. No. (H)	<input type="text"/>					<input type="text"/>																					
Cell Number	<input type="text"/>				<input type="text"/>																						
Next of Kin	Surname & Initials: <input type="text"/>				Relationship: <input type="text"/>				Contact Number/s: <input type="text"/>				<input type="text"/>														

**A. EXPERIENCE IN EXAM RELATED ACTIVITIES**

YEAR	CENTRE	DUTIES PERFORMED	POSITION HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**DECLARATION BY APPLICANT**

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

**RECOMMENDATION BY DISTRICT OFFICE**

**NAME OF CENTRE**

**RECOMMENDED**

**NOT RECOMMENDED**

If not recommended provide reasons:

CHAIRPERSON OF THE SELECTION COMMITTEE:

SIGNATURE DATE:

**APPOINTMENT BY PROVINCIAL OFFICE**

**NAME OF CENTRE**

**APPOINTED**

**NOT APPOINTED**

If not appointed provide reasons:

CHAIRPERSON OF THE SELECTION COMMITTEE:

DATE:



**ANNEXTURE B  
DECLARATION BY OFFICIALS INVOLVED IN EXAMINATION ACTIVITIES  
TO THE DEPARTMENT OF EDUCATION CONCERNING RELATIVE / CLOSE FRIEND  
WRITING THE 2024/25 NSC/SC EXAMINATIONS**

I, \_\_\_\_\_ declare that:

**(Full Names. PLEASE PRINT)**

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**(Identity Number)**

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**(Persal Number)**

- I have a relative/close friend writing the 2024 National Senior Certificate examination / Senior Certificate / examination.
- 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.
- 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
SIGNATURE OF DECLARANT				
DESIGNATION				
DATE				
WITNESS 1	NAME			
	SIGNATURE		DATE	
	ID NO			
WITNESS 2	NAME			
	SIGNATURE		DATE	
	ID NO			

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



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

I, \_\_\_\_\_ declare that:  
(Full Names. PLEASE PRINT)

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(Identity Number)

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(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;
  - 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 exams 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.

<b>SIGNATURE</b>		
<b>DESIGNATION</b>		
<b>DATE</b>		
<b>WITNESS 1</b>	<b>NAME</b>	
	<b>SIGNATURE</b>	
	<b>DATE</b>	
<b>WITNESS 2</b>	<b>NAME</b>	
	<b>SIGNATURE</b>	
	<b>DATE</b>	

**A certified copy of your ID shall be needed.**