

DSAR25: Practical teaching placement form for students practising in South Africa

Unisa student number									
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Students are required to complete this form in detail for their successful placement. Please note that an incorrectly completed form will delay the placement process. You can view the list of available schools at www.unisa.ac.za. The form is to be completed in line with the guidelines as contained in the Practical Teaching Tutorial Letter. Please mark with an X in the appropriate block.

Section A:

For which modules are you registered? Mark with a cross.	PCF410X	PFC104T	PTEAC1X	PTEAC2Y	PRS1045	TPF3704			
	PRS2049	PRS304C	PRS403E	PST104F	PST204J	TPF3703			
	PST304M	PST402N	TPR100C	TPR200F	TPS2601	TPF2602			
	TPS2602	TPS3703	TPS3704	TPN2601	TPN2602	TPF2601			
	TPN3703	TPN3704							
Mark your province with a cross	FS	GP	WC	EC	NC	KZN	MP	NW	L
Name of school where you intend to do your practical					Are you employed by the school?		Yes	No	
City / town									
Contact details of school	Tel: E-mail:								

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013

1. I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Unisa of any changes in my personal information.
2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto and I have taken note of advice which may be applicable to students in general.
3. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information for all required academic processes pertaining to my application or registration to study with Unisa, which may include, but is not limited to:
 - 3.1 internal administrative processing;
 - 3.2 institutional and scholarly research; and
 - 3.3 funding submissions.
4. I also consent that Unisa may share my personal information with the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies, professional bodies, third parties rendering various services to the university and legal entities which may lawfully require such information for legal obligations and/or investigations.
5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.
6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.
7. I confirm that I have read the notice and understand the contents.

Note: The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at www.unisa.ac.za

Mentor teacher's details: Title & initials: Surname: Contact (cell): E-mail:	Please tick your teaching practice month and write the date below.								School stamp if school confirms they can accommodate you.
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
	Please indicate specific dates: From: To:								

Section B:

For which modules are you registered?	PCF410X	PFC104T	PTEAC1X	PTEAC2Y	PRS1045	TPF3704
	PRS2049	PRS304C	PRS403E	PST104F	PST204J	TPF3703

Mark with a cross.	PST304M	PST402N	TPR100C	TPR200F	TPS2601	TPF2602				
	TPS2602	TPS3703	TPS3704	TPN2601	TPN2602	TPF2601				
	TPN3703	TPN3704								
Mark your province with a cross	FS	GP	WC	EC	NC	KZN	MP	NW	L	
Name of school where you intend to do your practical					Are you employed by the school?		Yes	No		
City / town										
Contact details of school	Tel: E-mail:									
Mentor teacher's details:	Please tick your teaching practice month and write the date below.							School stamp if school confirms they can accommodate you.		
Title & initials:	Feb	Mar	Apr	May	Jun	Jul	Aug			Sep
Surname:	Please indicate specific dates:									
Contact (cell):	From: To:									
E-mail:										

School principal's signature: Date:

This form should be submitted via e-mail to teachprac@unisa.ac.za

Please include your student number and the name of the form (DSAR25) in the subject line of the e-mail.