

## SECTION 6:

## TEACHER INFORMATION

This section provides key information on each teacher in your school. Fill out as much information as you know. You may have to go to each teacher to get this information before completing the form. Also indicate each teacher's position.

<b>Teacher #</b>		<b>Teacher's Position No:</b>		
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number	Teacher Registration Type (Tick <input type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee (Tick <input type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? (Tick <input type="checkbox"/> the highest only) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____		Certificate Number	Year of Issue	Issuing Institution
Indicate the grade(s) or class(s) you're taking: _____				

<b>Teacher #</b>		<b>Teacher's Position No:</b>		
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen
TSC File Number	Teacher Registration Type (Tick <input type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee (Tick <input type="checkbox"/> all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	What year did this teacher start teaching? _____yr
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Indicate the grade(s) or class(s) you're taking: _____				

• Person filling out this National School Census Form needs to sign off the census forms as being accurate and completed on the spaces provided below;

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date filled out: \_\_\_\_\_

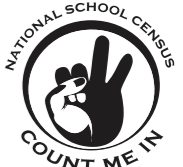
• Senior Standards / Standards Officers (SSO/SO) needs to validate and verify that date captured is complete, correct and accurate.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

• Provincial Education Office (PEA) needs to certify the form, and stamp it before sending the form to DoE Headquarters.

Standards Officer Stamp

Provincial Education Office Stamp



## DEPARTMENT OF EDUCATION 2016 NATIONAL SCHOOL CENSUS COMMUNITY / PRIMARY SCHOOL

The Department of Education (DoE) uses an efficient method for gathering data from all schools in the country. Once a year forms are distributed and collected from all schools during School Census Week. This data will be used to chart the progress of the National Education Plan and assist provinces for future education services.

Head Teachers are being asked to fill out these forms accurately and honestly as possible. Hold one copy for your school's record, send one copy to the District Education Officer (DEO) and two copies to the Provincial Education Advisor (PEA). The PEA will verify and send one form to the EMIS and Statistics Unit of DoE as the official record for your school.

The Department wants to thank you in advance for taking time to carefully fill out this form and for assisting us in gathering more accurate and useful data on schools in our country.

## SECTION 1: SCHOOL DETAILS

This first section covers the basic contact details about your school.

- School Name \_\_\_\_\_
- School Code \_\_\_\_\_
- Province Name \_\_\_\_\_
- Province Code \_\_\_\_\_
- District Name \_\_\_\_\_
- District Code \_\_\_\_\_
- LLG Name \_\_\_\_\_
- Ward Name \_\_\_\_\_

9. What is the school status? (Tick  the appropriate box)  Operating  Suspended  Closed

10. Is your school under National Education System (NES) or a Private school? (If you tick  the NES box then answer question 11)  
 National Education System (NES) school  Permitted school  Private school

11. Is your school registered under the National Education System (NES)? (Tick  the appropriate box)  
 Yes  No

12. What agency does your school belong to? (Tick  the appropriate box)  
 Government  Catholic  Evangelical Alliance  United Church  Lutheran Church  
 Anglican  Seventh Day Adventist  Int'l Education Agency  Others: \_\_\_\_\_

13. School sector: (Tick  the appropriate box)  
 Community School  Primary School

14. What is the level of your school? (Tick  the appropriate box)  
 3  4  5  6  7  8  Other: \_\_\_\_\_

15. Where is your school located? (Tick  the appropriate box)  Urban  Rural

16. School Postal Address: \_\_\_\_\_

17. School Phone No: \_\_\_\_\_ 18. School Fax No: \_\_\_\_\_

19. School Email Address: \_\_\_\_\_

**SECTION 2: SCHOOL FINANCES**

This section covers the money your school received from various sources during 2015. Please be accurate as possible. If your school received no money from a particular source, please indicate with a dash (-) in the box below.

20. How much did your school actually receive from other sources in 2015?  
*(Only indicate the income your school received last year and not what it should have received. This should include any money received for ancillary staff salaries, school materials, school buildings, etc.)*

Source of School Funds	Amount (in Kina)
National Government subsidies:	K
Provincial Government subsidies:	K
Local-level Government:	K
School fund raising activities:	K
Parents donations:	K
Politicians: _____	K
Project Fees:	K
Fees collection:	K
Overseas Donors: _____	K
Other: _____	K
Sub-total: _____	

**SECTION 3: STUDENT ENROLMENT / CLASSES / GRADUATES**

This section covers information about the number of students and classes in your school. Most of this information will be taken from the school attendance books. Questions 22 - 26 asks you to include all students still on the school roll after **March 4th 2016**. Only question 21 asks about last year's graduated students.

21. Please indicate the number of Grade 8 students who graduated with a Primary School Certificate last year from your school.

2015 Grade 8		
Male	Female	Total

22. How many classes, students and teachers does your school have in each grade this year?  
 Include all student still on the school roll after **March 4th 2016**. *(Remember, if a teacher is teaching two grades, then that teacher is 0.5 in each grade. If a teacher teaching 3 or 4 grades, divide accordingly)*

Number of Classes, Students and Teachers by Grade and Gender							
Grade	No. of Classes	2016 Number of Students Enrolled			2016 Number of Teachers		
		M	F	Total	M	F	Total
1							
2							
3							
4							
5							
6							
7							
8							
<b>Total</b>							

**SECTION 6: TEACHER INFORMATION**

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Surname	First Name	Gender	Date of Birth	Nationality	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____ (Day) (Month) (Year)	<input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type <i>(Tick √ one)</i>	Teacher Registration Number	Type of Employee <i>(Tick √ all that apply)</i>		What year did this teacher start teaching?
	<input type="checkbox"/> Full <input type="checkbox"/> Provisional		<input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		_____yr
What is the highest teaching qualification obtained? <i>(Tick √ the highest only)</i>			Certificate Number	Year of Issue	Issuing Institution
<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other <i>(Specify)</i> _____					
Indicate the grade(s) or class(s) you're taking: _____					

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Indicate the grade(s) or class(s) you're taking: _____					



## SECTION 4: SCHOOL INFRASTRUCTURE DETAILS

This section covers the existing school infrastructure and how well board of management are managing each school.

27. Indicate the number of classrooms, storerooms, offices, staffrooms, staff houses and other buildings in the school.

Classrooms:  Staff houses:  Library:  Offices:  Computer Lab:  Others:

28. How many buildings of each type and condition are there? *(Write the number in the boxes provided)*

Building Type	Permanent	Semi-Permanent	Bush Material
<b>Classrooms</b>			
How many classrooms require minor repair			
How many classrooms require major repair			
<b>Staff Houses</b>			
How many staff houses require minor repair			
How many staff houses require major repair			
<b>Student Toilets</b>			
How many student toilets require minor repair			
How many student toilets require major repair			
<b>Staff Toilets</b>			
How many staff toilets require minor repair			
How many staff toilets require major repair			

29. Indicate the number of toilet type(s) the students use.

Shore Drop Toilets (Solwara)  Pit Toilets  Flushing/Septic Toilets  Others:  *(Specify)*

30. Indicate the number of toilet type(s) the staff use.

Shore Drop Toilets (Solwara)  Pit Toilets  Flushing/Septic Toilets  Others:  *(Specify)*

31. Where does the school get most of its water from?

Rainwater Tanks  Rivers  Well  Bore  Town Supply  Others:  *(Specify)*

32. What type of power supply does the school use?

PNG Power  Solar  Generator  Hydro  Others:  *(Specify)*

## SECTION 5: ADDITIONAL INFORMATION

33. Does your School teach HIV/AIDS education in Personal Development?  Yes  No *(Tick √ the appropriate box)*

34. Does your School have Personal Development/Guidance counsellor?  Yes  No *(Tick √ the appropriate box)*

35. Does your School teach Computer Skills?  Yes  No *(Tick √ the appropriate box)*

36. Does your School have internet?  Yes  No *(Tick √ the appropriate box)*

37. Does your School have a School Learning Improvement Plan (SLIP)?  Yes  No *(Tick √ the appropriate box)*

38. Has your School been inspected in the last 12 months?  Yes  No *(Tick √ the appropriate box)*

39. How long does it take to travel to the District Office?  Hours by: *(Tick √ the appropriate box)*

Walk  Road  Boat  Air  Others:  *(Specify)*

40. How long does it take to travel to the Provincial Office?  Hours by: *(Tick √ the appropriate box)*

Walk  Road  Boat  Air  Others:  *(Specify)*

41. Does your school have a Board Of Management (BOM)?  Yes  No *(Tick √ the appropriate box)*

42. How many meetings were held by the BOM in the past 12 months?

43. How many times have P&C met together in the past 12 months?

44. How many times have the BOM and P&C met together in the past 12 months?

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Indicate the grade(s) or class(s) you're taking: _____					

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<input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other <i>(Specify)</i> _____					
Indicate the grade(s) or class(s) you're taking: _____					

**SECTION 6: TEACHER INFORMATION**

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Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
Indicate the grade(s) or class(s) you're taking: _____					

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Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
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Indicate the grade(s) or class(s) you're taking: _____					

**SECTION 5: ADDITIONAL INFORMATION**

45. Indicate the number of students (Pupils) textbook by selected subjects and grades in your school.

Subject	Grade	Total no. of pupil's textbook by grade	How many textbooks from the indicated subjects are students using from the new reform (OBE) curriculum?	How many textbooks from the indicated subjects are students using from the old curriculum?
Making a Living (MAL)	6			
	7			
	8			
Language	5			
Mathematics	6			

**SECTION 6: TEACHER INFORMATION**

This section provides key information on each teacher in your school. Fill out as much information as you can. You have to go to each teacher to get this information before completing the form. Also indicate each teacher's position. The table below is to be completed for registered teachers who are retained only.

No	Status	Position Number	Title	File Number	Gender	Grades
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Please indicate in the table below only if the teacher has upgraded qualification or the teacher is new or transferred in.

<b>Teacher #</b>		<b>Teacher's Position No:</b>			
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Training ( <i>yet to graduate</i> )	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Elementary teaching Certificate <input type="checkbox"/> Gr.12 Certificate <input type="checkbox"/> Gr.10 Certificate <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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Teacher #		Teacher's Position No:			
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
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Teacher #		Teacher's Position No:			
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
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What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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Teacher #		Teacher's Position No:			
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? ( <i>Tick √ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____		Certificate Number	Year of Issue	Issuing Institution	
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Teacher #		Teacher's Position No:			
Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
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TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
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TSC File Number	Teacher Registration Type ( <i>Tick √ one</i> ) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee ( <i>Tick √ all that apply</i> ) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer		What year did this teacher start teaching? _____yr
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Surname	First Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)	Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen	
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