

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.

Teacher #		Position No:			
Surname		First Name		Gender	Date of Birth
				<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 (Tick \checkmark one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number	Type of Employee (Tick \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer	What year did this teacher start teaching? _____yr
What is the highest teaching qualification obtained? (Tick \checkmark the highest only)			Certificate Number	Year of Issue	Issuing Institute
<input type="checkbox"/> Diploma in Vocational Education Teaching (DOVET)			_____	_____	_____
<input type="checkbox"/> Trade Qualification			_____	_____	_____
<input type="checkbox"/> Degree (Specify)			_____	_____	_____
What trade does the teacher specialise in?	What level of trade? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year teacher sat the trade test	Certificate Number		
_____	_____	_____	_____		
What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

• 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: _____

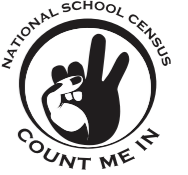
• Senior Standards / Standards Officers (SSO/SO) needs to validate and verify that date captured is complete, correct and accurate.

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
VOCATIONAL EDUCATION**

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.

Managers and Manageresses 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.

- 1. Vocational Name _____
- 2. Vocational Code _____
- 3. Province Name _____
- 4. Province Code _____
- 5. District Name _____
- 6. District Code _____
- 7. LLG Name _____
- 8. Ward Name _____

9. What is the centre status? (Tick \checkmark the appropriate box) Operating Suspended Closed

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

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

12. What agency does your centre belong to? (Tick \checkmark the appropriate box)
 Government Catholic Evangelical Alliance United Church Lutheran Church
 Anglican Seventh Day Adventist Others: _____

13. School sector: (Tick \checkmark the appropriate box)
 Vocational Centre Technical High School

14. What is the level of your centre? (Tick \checkmark the appropriate box)
 2 3 4 5 6 7 Other: _____

15. Where is your centre located? (Tick \checkmark the appropriate box) Urban Rural

16. Is your centre a: (Tick \checkmark the appropriate box)
 Day school only? Boarding only? Mixed? (Day and Boarding)

17. Vocational Postal Address: _____

18. Vocational Phone No: _____ 19. Vocational Fax No: _____

20. Vocational 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.

21. 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 programs in your school. Most of this information will be taken from the school attendance books. Questions 23 - 27 ask you to include all students still on the school roll after **March 4th 2016**. Only question 22 asks you about last year's graduated students.

22. Please indicate the number of students in 2015 who completed their course and attained certificates from your centre by course category.

CATEGORY	ATTAINED CERTIFICATE	MALE	FEMALE	TOTAL
CONVENTIONAL/TRADE (Year 2)	TRADE CERTIFICATE			
TECHNICAL HIGH SCHOOL	ACADEMIC CERTIFICATE			
	TRADE CERTIFICATE			
PETT	PETT CERTIFICATE			
NATIONAL CERTIFICATE 1	NATIONAL CERTIFICATE 1			
NATIONAL CERTIFICATE 2	NATIONAL CERTIFICATE 2			
SHORT COURSES	CERTIFICATE Attained			
OTHER NON-TRADES	CERTIFICATE Attained			
	TOTAL			

SECTION 6: TEACHER INFORMATION

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Teacher #		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"/> TSC Contract <input type="checkbox"/> Non TSC Employee <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"/> Diploma in Vocational Education Teaching (DOVET) <input type="checkbox"/> Trade Qualification <input type="checkbox"/> Degree (<i>Specify</i>)		Certificate Number	Year of Issue	Issuing Institute
What trade does the teacher specialise in? _____	What level of trade? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year teacher sat the trade test	Certificate Number	
What are the current subjects and grades/year is this teacher currently teaching?				
Subjects		Grades/Year		

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Subjects			Grades/Year		

23. Indicate the number of students currently boarding at your centre by gender in each course category.

(Enter the number of boarding students only if you ticked "mixed" in question 16 of section 1.)

Category	CONVENTIONAL TRADE		THS (DUAL)		PETT		NC 1		NC 2		OTHERS		TOTAL				
	Year 1	Year 2	Grade 9	Grade 10	Year 1								M	F	T		
Gender	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
Student Enrolment																	

24. How many classes does your centre have for each course category?

Category	CONVENTIONAL TRADE		THS (DUAL)		PETT		NC 1		NC 2		OTHERS		TOTAL				
	Year 1	Year 2	Grade 9	Grade 10	Year 1								M	F	T		
No. of Classes																	

25. State the total number of students enrolled in each program, by category and gender. Indicate only relevant programs offered at your centre. (Include all students still enrolled after 4th March 2016.)

Program	CONVENTIONAL TRADE		THS (DUAL)		PETT		NC 1		NC 2		OTHERS		TOTAL				
	Year 1	Year 2	Grade 9	Grade 10	Year 1								M	F	T		
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	T	
Mech./Allied Trades																	
Tourism & Hospitality																	
Build./Allied Trades																	
Metal Trades																	
Electro-technology																	
Elusiness Studies																	
Primary Industry																	
Garment Technology																	
Secretarial																	
Other Non-Trades																	
Short Courses																	
TOTAL																	

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				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"/> TSC Contract <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer	What year did this teacher start teaching? _____yr	
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Subjects			Grades/Year		

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What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		

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

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

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

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

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

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

32. Where does the centre get most of its water from?

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

33. What type of power supply does the centre use?

PNG Power Solar Generator Hydro Others: _____ (Specify)

SECTION 5:

ADDITIONAL INFORMATION

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

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

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

37. Does your School have internet? Yes No (Tick the appropriate box)

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

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

40. How long does it take to travel to the District Office? _____ Hours by: (Tick the appropriate box)
 Walk Road Boat Air Others: _____ (Specify)

41. How long does it take to travel to the Provincial Office? _____ Hours by: (Tick the appropriate box)
 Walk Road Boat Air Others: _____ (Specify)

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

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

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

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

SECTION 6: TEACHER INFORMATION

Please indicate the number of teachers in the table below

2015 Number of Teachers		
Male	Female	Total

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.

Teacher #		Position No:			
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<input type="checkbox"/> Degree (Specify)			_____	_____	_____
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_____	_____	_____	_____		
What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		

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Subjects			Grades/Year		
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_____			_____		
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				<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>) <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"/> Diploma in Vocational Education Teaching (DOVET) <input type="checkbox"/> Trade Qualification <input type="checkbox"/> Degree (<i>Specify</i>)			Certificate Number	Year of Issue	Issuing Institute
			_____	_____	_____
			_____	_____	_____
			_____	_____	_____
What trade does the teacher specialise in?	What level of trade? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year teacher sat the trade test	Certificate Number		
_____	_____	_____	_____		
What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

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.

Teacher #		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 trade does the teacher specialise in?	What level of trade? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year teacher sat the trade test	Certificate Number		
What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		

Teacher #		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 trade does the teacher specialise in?	What level of trade? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year teacher sat the trade test	Certificate Number		
What are the current subjects and grades/year is this teacher currently teaching?					
Subjects			Grades/Year		

Teacher #		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	
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