



DEPARTMENT OF EDUCATION 2018 NATIONAL SCHOOL CENSUS PROVINCIAL, SECONDARY AND NATIONAL HIGH 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.

Principals 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. School Name _____ 2. School Code _____
3. Province Name _____ 4. Province Code _____
5. District Name _____ 6. District Code _____
7. LLG Name _____ 8. 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)*

- Provincial High School Secondary School National High School

14. What is the level of your school? *(Tick √ the appropriate box)*

- 7 8 9 10 11 12 Other: _____

15. Where is your school located? *(Tick √ the appropriate box)*

- Urban Rural

16. Is your school a: *(Tick √ the appropriate box)*

- Day school only? Boarding school only? Mixed? (Day and Boarding school)

17. School Postal Address: _____

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

20. School Email Address: _____

SECTION 2:**SCHOOL FINANCES**

This section covers the money your school received from various sources during 2017. 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 2017?

(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: _____

K
K
K
K
K
K
K
K
K
K

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

This section covers information about the number of classes and students in your school. Most of this information will be taken from the school attendance books. Questions 23-28 ask you to include all students still on the school roll after **2nd March 2018**. Only Question 22 asks you about last year's graduated students.

22. Please indicate the number of Grade 10 or 12 students who graduated with a High or Higher School Certificate last year from your school.

Grade 10		
Male	Female	Total

Grade 12		
Male	Female	Total

23. Please indicate the number of students currently boarding in your school at each grade and by gender.

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

2018 Number of BOARDING Students (only) at Each Level							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total							

24. How many classes does your school have in each grade this year?

Grade	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
No. of Classes							

25. How many students does your school have in each grade this year?

2018 Student Enrolment by Grade and Gender							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total by Grade							

26. Indicate the total number of students enrolled in each grade, by year of birth and gender. If you have students born in years not indicated, then fill in those years in the blank spaces provided below 1992.

(Include all students still enrolled after 2nd March 2018)

2018 Number of Students Enrolled by Age															
Year of Birth	Grade 7		Grade 8		Grade 9		Grade 10		Grade 11		Grade 12		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T
2005															
2004															
2003															
2002															
2001															
2000															
1999															
1998															
1997															
1996															
1995															
1994															
1993															
1992															
Total															

(These totals should be the same as the total number of students in each grade from question 25.)

27. Indicate the number of students repeating this year at your school by grade and gender.

2018 Number of Students Repeating							
Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Total
Male							
Female							
Total							

28. Indicate the number of students with special needs or disabilities this year at your school by grade and gender.

2018 Number of students with Special Needs or Disabilities								
	Gender	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	TOTAL
Registered with Special Education Resource Centre (SERC)	Male							
	Female							
Not registered with Special Education Resource Centre (SERC)	Male							
	Female							
	Total							

SECTION 4:

SCHOOL INFRASTRUCTURE DETAILS

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

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

- Classrooms
 Staff houses
 Library
 Offices
 Computer Lab
 Workshops
 Practical Skills Building
 Home Economics Building
 Others

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

Building Types	Permanent	Semi-Permanent	Bush Material
Total Classrooms			
How many classrooms require minor repair			
How many classrooms require major repair			

31. What is the number of toilet type(s) the students use?

Toilet Types	Permanent		Semi-Permanent		Bush Material	
	M	F	M	F	M	F
Septic Toilets (Flush/Pour)						
Shore Drop (Solwara)						
Pit Toilets:						
<i>Pit with Cover</i>						
<i>Pit without Cover</i>						
<i>Composting Toilet</i>						
*None						
Total Toilets						

**If the school has no toilets, please circle none and do not enter any data.*

32. How many usable toilets does your school have? **Only fill in if your school toilets meet the definition of *usable.**

**Usable means toilets main doors are unlocked, the toilet is not broken, the toilet hole is not blocked, and water is available for flush/pour toilets, and there are closable doors that lock from the inside and no large gaps in the structure at the time of the questionnaire or survey.*

Total Toilets	Male Toilets	Female Toilets	*Common (Shared) Toilets

**Common (Shared) Toilets refers to when a school does not have separate toilets for male and female students and just use the same toilet(s) for all students.*

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

- Town Supply
 Tank Water
 Piped Water
 Bringing water from home
 Well/Spring [protected/unprotected]
(Circle one)
 Lake, Creek, River, Stream (Circle one)
 None

34. Is drinking water from the above main source currently available at the school? Yes No

35. Does the school have hand washing facilities with soap and water available? *(Tick one)*

- Yes, with both soap and water
 With water only
 With soap only
 No facilities with soap and water

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

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

SECTION 5: 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 identify the number of teachers posted in your school with their highest qualification by gender.

No	Qualification	Male	Female
1	Degree in Education		
2	Primary Diploma		
3	Primary Certificate		
4	Others (Specify)		
Total			

Please indicate the number of teachers in the table below

2018 Number of Teachers		
Male	Female	Total

The table below is only for **registered** teachers who are **retained**.

No	Status	Position Number	Title	File Number	National Identity Number	Gender	Grades
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

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Please fill in the tables below only if the teacher has **upgraded qualification**, the **teacher is new** or **transferred in**.

Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr			
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____			Certificate Number _____	Year of Issue _____	Issuing Institution _____
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes			If Yes, state the qualification. _____		
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

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<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Issuing Institution	_____
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, state the qualification. _____					
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Certificate Number	Year of Issue
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Issuing Institution	_____
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, state the qualification. _____					
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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____	Issuing Institution _____		
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, state the qualification. _____			
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, state the qualification. _____			
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
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What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Certificate Number	Year of Issue
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What year did this teacher start teaching? _____yr					
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____	
What are the current subjects, classes and grades is this teacher currently teaching?					
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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer
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<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What year did this teacher start teaching? _____yr					
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____	
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____	Issuing Institution _____		
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, state the qualification. _____			
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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer
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<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
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<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Issuing Institution	_____
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
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Teacher #		Position No:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		<input type="checkbox"/> TSC Employee <input type="checkbox"/> TSC Contract	<input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Volunteer
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Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
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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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
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Nationality <input type="checkbox"/> PNG Citizen <input type="checkbox"/> Non PNG Citizen		Teacher Registration Number _____		Type of Employee (Tick <input checked="" type="checkbox"/> all that apply)	
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What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only)				Certificate Number	Year of Issue
<input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____				_____	_____
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes				If Yes, state the qualification. _____	
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

SECTION 5:

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:		National Identity Number:	
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		Teacher Registration Number _____		Type of Employee (Tick <input checked="" 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	
File Number (TSC provided) _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? (Tick <input checked="" type="checkbox"/> the highest only) <input type="checkbox"/> Diploma in Secondary Teaching <input type="checkbox"/> Bachelor in Education <input type="checkbox"/> Other (Specify) _____	
Certificate Number _____		Year of Issue _____	Issuing Institution _____		
Do you have any other non teaching qualification? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, state the qualification. _____			
What are the current subjects, classes and grades is this teacher currently teaching?					
Subject			Grades		

- 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 data captured is complete, correct and accurate.

Name: _____ Signature: _____ Date: _____

- Provincial Education Office needs to certify the form, and stamp it before sending the form to DoE Headquarters.

Standards Officer Stamp

Provincial Education Advisor Stamp