



DEPARTMENT OF EDUCATION 2019 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.

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)*

- 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 2018. 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 2018?

(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 classes, students and teachers 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 **1st March 2019**. 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.

2018 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 1st March 2019 *(Remember, if a teacher is teaching two grades, then that teacher is 0.5 in each grade. If a teacher is teaching 3 or 4 grades, divide accordingly)*

Number of Classes, Students and Teachers by Grade and Gender							
Grade	No. of Classes	2019 Number of Students Enrolled			2019 Number of Teachers		
		M	F	Total	M	F	Total
1							
2							
3							
4							
5							
6							
7							
8							
Total							

SECTION 4:**SCHOOL INFRASTRUCTURE DETAILS**

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

26. Indicate the number of classrooms, storerooms, offices, staff-rooms, staff houses and other buildings in the school.

Classrooms Staff houses Library Offices Computer Lab Staff-rooms Others

27. 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			

28. 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 school has no toilets, please circle none and leave blank.*

29. 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 means when a school does not have separate toilets for male and female students and just use the same toilet(s) for all students.*

30. Where does the school get most of its drinking water from? *(Tick one)*

Town Supply Tank Water Piped Water Bringing water from home

Well/Spring [protected/unprotected]
(Circle one) Lake, Creek, River, Stream (Circle one) None

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

32. 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

33. What type of power supply does the school use? *(Tick one)*

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			

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							

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

Teacher #		Teacher's 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	
TSC File Number _____	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"/> 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 _____
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What is the highest teaching qualification obtained? (Tick \surd 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: _____					

Teacher #		Teacher's 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 \surd all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \surd one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick \surd 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 _____
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Teacher #		Teacher's 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 \surd all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \surd one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick \surd 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 _____
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick \checkmark 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: _____					

Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		What year did this teacher start teaching? _____yr	
What is the highest teaching qualification obtained? (Tick \checkmark 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 _____
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	Teacher Registration Number _____		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		Teacher Registration Number _____		Type of Employee (Tick \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark 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: _____					

Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark the highest only) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____	
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark 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 _____		
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark 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 _____		
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark the highest only) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____	
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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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark the highest only) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other (Specify) _____	
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Teacher #		Teacher's 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					
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:		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					
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:		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					
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:		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					
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:		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					
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:		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	What year did this teacher start teaching? _____yr
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Teacher #		Teacher's 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	What year did this teacher start teaching? _____yr
TSC File Number _____	Teacher Registration Type (Tick <input checked="" type="checkbox"/> one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional				
What is the highest teaching qualification obtained? (Tick <input checked="" 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 _____	
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Teacher #		Teacher's 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	What year did this teacher start teaching? _____yr
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark 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 \checkmark 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 _____
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Teacher #		Teacher's 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 \checkmark all that apply) <input type="checkbox"/> TSC Employee <input type="checkbox"/> Non TSC Employee <input type="checkbox"/> TSC Contract <input type="checkbox"/> TSC Volunteer	
TSC File Number _____	Teacher Registration Type (Tick \checkmark one) <input type="checkbox"/> Full <input type="checkbox"/> Provisional	What year did this teacher start teaching? _____yr			
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Teacher #		Teacher's 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 \checkmark 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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Teacher #		Teacher's 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					
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:		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					
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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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 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