



## DEPARTMENT OF EDUCATION 2019 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 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, staff-rooms, staff houses and other buildings in the school.

- Classrooms   
  Staff houses   
  Library   
  Offices   
  Computer Lab   
  Staff-rooms  
 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
<b>Total Classrooms</b>			
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						
<b>Total Toilets</b>						

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

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 means 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? *(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

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? *(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)		
<b>Total</b>			

Please indicate the number of teachers in the table below

2019 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**.

<b>Teacher #</b>		<b>Position No:</b>		<b>National Identity Number:</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		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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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		

<b>Teacher #</b>		<b>Position No:</b>		<b>National Identity Number:</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		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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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)	
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) _____				_____	_____
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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Subject			Grades		

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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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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) <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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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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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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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
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<b>Teacher #</b>		<b>Position No:</b>		<b>National Identity Number:</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		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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Surname _____		First Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ (Day) (Month) (Year)
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- 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