



## DEPARTMENT OF EDUCATION 2024 NATIONAL SCHOOL CENSUS COMMUNITY / PRIMARY SCHOOL

The National Department of Education (NDoE) 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. The **Reference Point** of data collection is during the census week (**11<sup>th</sup>-15<sup>th</sup> March 2024**). 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 Statistics Branch of NDoE 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 for 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 \_\_\_\_\_
- 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 2023. 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 2023?

*(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)**

Government Tuition Fee 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 **15th March 2024**. 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.

2023 Grade 8		
Male	Female	Total

22. How many classes, students and teachers does your school have in each grade this year?

Include all students still on the school roll after 15<sup>th</sup> March 2024 *(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	2024 Number of Students Enrolled			2024 Number of Teachers		
		M	F	Total	M	F	Total
1							
2							
3							
4							
5							
6							
7							
8							
<b>Total</b>							

23. 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 spaces provided below the year 2004.

(Include all students still enrolled after 15th March 2024)

2024 Number of Students Enrolled by Age																				
Year of Birth	Grade 1		Grade 2		Grade 3		Grade 4		Grade 5		Grade 6		Grade 7		Grade 8		Total			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	
2018																				
2017																				
2016																				
2015																				
2014																				
2013																				
2012																				
2011																				
2010																				
2009																				
2008																				
2007																				
2006																				
2005																				
2004																				
Total																				

(These totals should be the same as the total number of students in each grade from question 22)

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

2024 Number of Students Repeating									
Gender	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Total
Male									
Female									
Total									

(These totals should not exceed the total number of students in each grade from question 22 and 23.)

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

2024 Number of Students with Special Needs or Disabilities										
	Gender	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	TOTAL
Registered with Special Education Resource Centre (SERC)	Male									
	Female									
Not registered with Special Education Resource Centre (SERC)	Male									
	Female									
	Total									

(These totals should not exceed the total number of students in each grade from question 22 & 23.)

## 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
<b>Total Classrooms</b>			
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						
<b>Total Toilets</b>						

*\* 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 all students use the same toilet(s).*

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]    Lake, Creek, River, Stream    None  
(Circle one)   (Circle one)

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

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

**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.

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

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 INFORMATION

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

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

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

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

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		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	Teacher Registration Number _____		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 _____
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 <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	Teacher Registration Number _____		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 _____
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 <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	Teacher Registration Number _____		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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## SECTION 5:

## TEACHER INFORMATION

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<b>Teacher #</b>		<b>Teacher's 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	
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 _____
Indicate the grade(s) or class(s) you're taking: _____					

<b>Teacher #</b>		<b>Teacher's 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	
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 _____
Indicate the grade(s) or class(s) you're taking: _____					

<b>Teacher #</b>		<b>Teacher's 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	
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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## 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.

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 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
TSC File Number _____		What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? ( <i>Tick ✓ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
Indicate the grade(s) or class(s) you're taking: _____					

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 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
TSC File Number _____		What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? ( <i>Tick ✓ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
Indicate the grade(s) or class(s) you're taking: _____					

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 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
TSC File Number _____		What year did this teacher start teaching? _____yr		What is the highest teaching qualification obtained? ( <i>Tick ✓ the highest only</i> ) <input type="checkbox"/> Primary Certificate <input type="checkbox"/> Primary Diploma <input type="checkbox"/> Degree in Education <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
Certificate Number _____		Year of Issue _____		Issuing Institution _____	
Indicate the grade(s) or class(s) you're taking: _____					

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## TEACHER INFORMATION

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

## 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.

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 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
TSC File Number _____		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 _____	What year did this teacher start teaching? _____yr
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 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
TSC File Number _____		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 _____	What year did this teacher start teaching? _____yr
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 School Inspector Basic Education/School Inspector Basic Education (SSIBE/SIBE) needs to validate and verify that data 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