SUID-AFRIKAANSE ONDERWYSERSUNIE
SOUTH AFRICAN TEACHERS' UNION
KwaZulu-Natal Kantoor / KwaZulu-Natal Office

SAOU
Nuusbrief / Newsletter

031-312 8835 / 3839 031 – 312 2080 saoukzn@saou.co.za www.saou.co.za

-INSIG 3 van 2016 / INSIGHT 3 of 2016-

WERWINGSVERGOEDING:

Die SAOU vergoed werwers van nuwe lede deur 'n bedrag van ***R100*** per lid gewerf, te betaal. Op die SAOU-lidmaatskap aansoekvorm is daar ruimte waar die werwer se inligting ingevul moet word. ***ENIGE SAOU-lid*** kan lede werf. Dit is dus moontlik dat die werwer van 'n SAOU-lid nie noodwendig die SAOU-skoolverteenwoordiger is òf hoef te wees nie. Hierdie werwingsvergoeding word slegs betaal, indien:

- die lid wat gewerf is se ledegeld vir ten minste 3 maande ontvang word deur die SAOU; en
- die SAOU in besit is van die voltooide vorm met u inligting wat benodig word vir die uitreiking van 'n IT3-vorm.

Die SAOU sal met die werwer kommunikeer sodra daar aan bogenoemde vereistes voldoen word. Aangeheg vind asb die vorm wat deur die werwer van nuwe lede voltooi moet word, ten einde die IT3 te kan uitreik. Indien u nie die werwingsvergoeding wil ontvang nie en u het wel 'n sms van die SAOU ontvang dat u vir werwingsvergoeding kwalifiseer, moet u asb. die unie **skriftelik** in kennis stel dat u nie die vergoeding wil ontvang nie. U naam sal dan van die werwerlys verwyder word.

SKBR (AGENTSKAP) AFTREKKING:

SAOU lede in diens van die Onderwysdepartement van KZN moet asb gereeld hulle salarisadviesstrokie kontroleer om te verseker dat hulle ledegeldaftrekking **wel** aan die SAOU betaal word en nie aan die Staatsdienskoördinerings-bedingingsraad [***PSCBC (AGENCY)***] nie. Indien daar nie SAOU op u salarisadvies verskyn nie, **is u nie lid van die SAOU nie!** Kontak gerus SAOU (KZN) se Uitvoerende Sentrum (Mev. Marlene Theron) 031-312 3839 / 031-312 8835 of **MarleneT@saou.co.za** indien u enige navrae met betrekking tot u lidmaatskap het.

SUID-AFRIKAANSE RAAD VAN OPVOEDERS (SACE)

Tel: (012) 663 9517 / 086 1007 223

Alle opvoeders **MOET** by **SARO / SACE** geregistreer wees. Moet dit asb. nie verwar met SAOU lidmaatskap nie.

RECRUITERS' REWARD:

The SAOU rewards the recruiters of new members with an incentive payment of ***R100*** per new member recruited. The appropriate section of the SAOU membership application form requesting the details of the recruiter must be completed. ***ANY member of SAOU*** can recruit other members. The recruiter is therefore not always the SAOU School Representative. The recruiter will only receive payment if:

- the SAOU has received the recruited member's fee for at least 3 months; and
- the SAOU is in possession of the attached form with your information to complete an IT3.

The SAOU will communicate with the recruiters when payment is due. Attached is the form to be completed if you have recruited new members for the SAOU in order to issue an IT3. The SAOU must be informed in **writing** if you do not want to receive the recruiting reward. Your name will then be removed from the recruitment list.

PSCBC (AGENCY) FEES

SAOU members in service of the Department of Education are requested to verify the information on their salary advice slip to **ensure** payment of their membership fees is made to the SAOU and not to the ***PSCBC (Agency)***. If there is no deduction **in favour of the SAOU** on your salary advice slip, **you are NOT a SAOU member!** Any enquiries concerning SAOU membership can be directed to Mrs. Marlene Theron 031-312 3839 / 031-312 8835 or **MarleneT@saou.co.za**

SOUTH AFRICAN COUNCIL FOR EDUCATORS (SACE)

Tel: (012) 663 9517 / 086 1007 223

All educators must be registered with SACE. Be aware of the difference between SAOU and SACE.

SAOU
Suid-Afrikaanse Onderwysersunie
South African Teachers' Union

BELANGRIKE INLIGTING: ONTVANGER VAN INKOMSTE / IMPORTANT INFORMATION: RECEIVER OF REVENUE

Ten einde 'n IT3 aan u uit te reik, soos vereis deur die Ontvanger van Inkomste, word u vriendelik versoek om die volgende inligting te verskaf en so spoedig moontlik aan SAOU (KZN) terug te stuur. **LET WEL: Hierdie is nie 'n aansoek om lidmaatskap nie.**
In order to issue an IT3, as requested by the Receiver of Revenue, your are kindly requested to complete the following by providing the necessary information as soon as possible to the SAOU (KZN). **PLEASE NOTE: This is not an application form for membership.**

Van: **Surname:**	
Eerste twee name: **First two names:**	
Voorletter: **Initials:**	
Identiteitsnommer: **Identity number:**	
PERSAL Nommer: **PERSAL Number:**	
Epos Adres: **Email Address:**	
Woonadres: **Residential Address:**	
Poskode: **Postal Code:**	
Posadres: **Postal Address:**	
Poskode: **Postal Code:**	
Werksadres: **Work Address:**	
Poskode: **Postal Code**	
Telefoonnommer (huis) **Telephone Number (home)**	
Telefoonnommer (werk) **Telephone Number (work)**	
Faksnommer (werk) **Fax Number (work)**	
Selfoonnommer: **Cell Phone Number:**	
Bank:	
Naam van tak: **Name of branch:**	
Takkode van bank: **Branch code of bank:**	
Bankrekeningnommer: **Bank Account Number:**	
Tipe Rekening / Account type:	**Tjek / Current** ☐ **Spaar / Savings** ☐ **Transmissie / Transmission** ☐ **Verband / Bond** ☐
Inkomstebelasting nommer: **Tax reference number:**	
Inkomstebelasting Kantoor: **Income Tax Office:**	

Stuur terug na / Return to: Faks/Fax: 031-312 2080 of /or E-pos/E-mail: MarleneT@saou.co.za

SAOU

Departementele Poste / Departmental Posts

Enige kansellering van 'n ander unie se lidmaatskap kan nie deur die SAOU gereël word nie. Neem kennis dat 'n kennisgewingperiode deur PERSAL geïmplementeer word.
Any cancellation of another union's membership cannot be arranged by the SAOU. Please take note of the notice periods implemented by PERSAL.

Suid-Afrikaanse Onderwysersunie
Lilian Ngoyi Straat/Road 112, Morningside, Durban. 4001
Tel.:031-3128835 Faks/ Fax:031-3122080
E-pos / E-mail : saoukzn@saou.co.za Web: www.saou.co.za

AANSOEK OM LIDMAATSKAP (Vul asb volledig in) / APPLICATION FOR MEMBERSHIP (Complete in full)

Was u voorheen 'n SAOU lid? ☐☐ Were you previously a member of SAOU? ☐☐

1. Van/Surname: ______ 2. Voorletters/Initials: ______
3. Volle name/Full names: ______ 4. Titel (Mnr/Me/Dr)/Title (Mr/Ms/Dr): ______
5. Skool/Inrigting / School/Institution: ______ 6. Betaalpuntnr/Pay point no: ______
7. Posadres Skool/Inrigting / Postal address School/Institution: ______
______ Kode/Code: ______
Tel: (______) ______ Faks/Fax: (______) ______
E-pos / E-mail: ______
8. Persal/Salarisnr/Salary no: ☐☐☐☐☐☐☐☐
ID nommer / ID number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

> **'n SAOU-lidmaatskapkaartjie sal so gou as moontlik aan nuwe lede uitgereik word.**
> ***A SAOU membership card will be issued to new members as soon as possible.***

9. Posbeskrywing / Post description: Hoof / Principal ____ Adjunkhoof / Deputy Principal ____
Departementshoof / Head of Department ____ Onderwyser / Teacher ____ Admin ____
10. KS-Opvoeders: Posvlak / CS Educators: Post Level: ____ Admin (Rang / Rank) ____
11. Privaat Posadres / Private Postal Address: ______
______ Kode / Code: ______
12. Tel: (______) ______ (H) Sel / Cell: ______
E-pos / E-mail: ______
13. Provinsie/Province: Gauteng: ____ KZN: ____ Limpopo: ____ Mpumalanga: ____ Noordwes/North West: ____
Vrystaat/Free State: ____ O-Kaap/E-Cape: ____ N-Kaap/N-Cape: ____ W-Kaap/W-Cape: ____
14. Tydelike pos / Temporary Position ☐ Permanente pos / Permanent Position ☐
15. Wat het u gemotiveer om by SAOU aan te sluit? / What motivated you to apply for SAOU membership? ______
______

Ek, ______ (Persal nr ______), die ondergetekende, magtig u hiermee om ledegeld betaalbaar aan die Unie, soos van tyd tot tyd bepaal word, op 'n maandelikse basis van my salaris af te trek en oor te betaal aan die Unie. Ek bevestig hiermee ook dat ek die Grondwet van die Unie onderskryf. Ek verstaan dat hierdie magtiging vir 'n minimum tydperk van twaalf maande geïmplementeer word, insluitende die maand van implementering en verder dat enige korrespondensie rakende hierdie magtiging aan die Unie gerig word.
Nota: Lidmaatskap van persone wat geag word as in diens van 'n erkende werkgewer te wees, mag slegs beëindig word deur skriftelike kennisgewing aan die Uitvoerende Beampte. Hierdie vereiste sal nie van toepassing wees indien die aansoeker nie geag word as 'n werknemer soos in die Grondwet omskryf nie.

______ (Persal no ______), the undersigned, hereby authorise you to forthwith deduct my membership fees payable to the Union on a monthly basis, as determined from time to time, from my salary and to pay such fees to the Union. I understand that this authorisation will be implemented for a minimum period of twelve months, including the month of implementation, and further, that any correspondence regarding this authorisation will be addressed to the Union.
Note: Membership may only be terminated by written notice to the Executive Officer for persons deemed to be in the employment of a recognised employer. If the applicant is not deemed to be an employee as defined by the Constitution, the afore-mentioned requirement will not apply.

By ondertekening van hierdie aansoek onderneem die aansoeker om / *By signing this application the applicant undertakes to:*
- hom/haar te onderwerp aan die bepalings van die Grondwet van die SAOU. / *submit him/her to the stipulations of the Constitution of SAOU.*
- hom/haar te onderwerp aan vakbonddissipline by oortreding van die bepalings van die Grondwet of waardes van die SAOU. / *submit him/her to the trade-union discipline by violation of the stipulations of the Constitution or values of SAOU.*

Nota / *Note*: Nuwe lede sal nie binne die eerste drie maande van lidmaatskap geregtig wees op SAOU bystand in dissiplinêre verhore of dispute nie. Die SAOU behou die reg voor op diskresionêre uitsonderings op dié reël. / *New members will not be entitled to SAOU assistance in disciplinary hearings or disputes during the first three months of membership. SAOU reserves the right to discretionary exceptions of this rule.*

Geteken / Signed: ______ **Datum / Date:** ______

Werwer / Recruiter: ______ **Persal nr/no:** ______ **Skool / School:** ______

SAOU

Beheerliggaam, Private Instansies, Universiteite en Tersiêre Inrigtings / Governing Bodies, Private Institutions, Universities and Tertiary Institutions

Suid-Afrikaanse Onderwysersunie
Lilian Ngoyi Straat/Road 112, Morningside, Durban, 4001

Tel.:031-3128835 Faks/ Fax:031-3122080
E-pos / E-mail : saeukzn@saou.co.za Web: www.saou.co.za

AANSOEK OM LIDMAATSKAP (Vul asb volledig in) / APPLICATION FOR MEMBERSHIP (Complete in full)

Was u voorheen 'n SAOU lid? [|] **Were you previously a member of SAOU?** [|]

1. Van/Surname: ____________ 2. Voorletters/Initials: ________
3. Volle name/Full names: ____________ 4. Titel (Mnr/Me/Dr)/Title (Mr/Ms/Dr): ________
5. Skool/Inrigting/School/Institution: ____________ 6. Betaalpuntnr/Pay point no: ________
7. Posadres Skool/Inrigting / Postal address School/Institution: ____________

   ____________ Kode/Code: ________

   Tel : (________) ____________ Faks/Fax: (________) ____________
8. **E-pos / E-mail:** ____________
9. ID nommer / ID number: [| | | | | | | | | | | |]

> **'n SAOU-lidmaatskapkaartjie sal so gou as moontlik aan nuwe lede uitgereik word.**
> ***A SAOU membership card will be issued to new members as soon as possible.***

10. Posbeskrywing / Post description: Hoof / Principal ____

    Adjunkhoof / Deputy Principal ____ Departementshoof / Head of Department ____ Onderwyser / Teacher ____ Admin: ____
11. KS-Opvoeders / CS Educators: Posvlak / Post Level: ______ Admin: (Rang / Rank) ____________
12. Privaat Posadres / Private Postal Address: ____________

    ____________ Kode / Code: ________
13. Tel : (____) ____________ Sel/Cell ____________ Faks/Fax (____) ____________

    E-pos / E-mail: ____________
14. <u>Provinsie/Province</u>: Gauteng: ____ KZN: ____ Limpopo: ____ Mpumalanga: ____ Noordwes / North West: ____

    Vrystaat / Free State: ____ O-Kaap / E-Cape: ____ N-Kaap / N-Cape: ____ W-Kaap / W-Cape: ____
15. Wat het u gemotiveer om by SAOU aan te sluit? / What motivated you to apply for SAOU membership? ____________

____

MAGTIGING VAN DEBIETORDER / AUTHORISATION FOR DEBIT ORDER

Die Rekenpligtige Amptenaar / The Accounting Officer

1. Naam van finansiële instansie/ Name of financial institution: ____________ 2. Tak/Branch: ____________
3. Takkode/Branch Code: [| | | | | | |] 4. Rekeningnr./Account no: [| | | | | | | | | | | |]
5. Tipe rekening *(Merk asb toepaslike blokkie)* / Type of Account *(Please mark appropriate space)*

   Tjek / Cheque [ ] Transmissie / Transmission [ ] Spaar / Savings [ ]

Ek, ____________ (ID nr ____________), die ondergetekende, bevestig hiermee dat ek die Grondwet van die Unie onderskryf. Nota: Lidmaatskap van persone wat geag word as in diens van 'n erkende werkgewer te wees, mag slegs beëindig word deur skriftelike kennisgewing aan die Uitvoerende Beampte.

I, ____________ (ID no ____________), the undersigned hereby confirm that I subscribe to the Constitution of the Union. Note: Membership may only be terminated by written notice to the Executive Officer for persons deemed to be in the employment of a recognised employer.

By ondertekening van hierdie aansoek onderneem die aansoeker om: / *By signing this application the applicant undertakes to:*

1. hom/haar te onderwerp aan die bepalings van die Grondwet van die SAOU. */ submit him/her to the stipulations of the Constitution of SAOU.*
2. hom/haar te onderwerp aan vakbonddissipline by oortreding van die bepalings van die Grondwet of waardes van die SAOU. */ submit him/her to the trade-union discipline by violation of the stipulations of the Constitution or values of SAOU.*

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Geteken / Signed: ____________ **Datum / Date:** ____________

Werwer / Recruiter: ____________ **Persal nr/no:** ____________ **Skool / School:** ____________

Gewysig 2012-01-17