

## DSAR25: Practical teaching placement form for students practising in South Africa

<b>Unisa student number</b>									
-----------------------------	--	--	--	--	--	--	--	--	--

Students are required to complete this form in detail for their successful placement. Please note that an incorrectly completed form will delay the placement process. You can view the list of available schools at [www.unisa.ac.za](http://www.unisa.ac.za). The form is to be completed in line with the guidelines as contained in the Practical Teaching Tutorial Letter. Please mark with an X in the appropriate block.

### Section A:

<b>For which modules are you registered?</b>  <b>Mark with a cross.</b>	PCF410X	PFC104T	PTEAC1X	PTEAC2Y	PRS1045	TPF3704				
	PRS2049	PRS304C	PRS403E	PST104F	PST204J	TPF3703				
	PST304M	PST402N	TPR100C	TPR200F	TPS2601	TPF2602				
	TPS2602	TPS3703	TPS3704	TPN2601	TPN2602	TPF2601				
	TPN3703	TPN3704								
<b>Mark your province with a cross</b>	FS	GP	WC	EC	NC	KZN	MP	NW	L	
<b>Name of school where you intend to do your practical</b>					<b>Are you employed by the school?</b>	Yes	No			
<b>City / town</b>										
<b>Contact details of school</b>	Tel: ..... E-mail: .....									
<b>Mentor teacher's details:</b>	<b>Please tick your teaching practice month and write the date below.</b>						School stamp if school confirms they can accommodate you.			
Title & initials: .....	Feb	Mar	Apr	May	Jun	Jul		Aug	Sep	
Surname: .....	<b>Please indicate specific dates:</b>									
Contact (cell): .....	From: ..... To: .....									
E-mail: .....										

### Section B:

<b>For which modules are you registered?</b>  <b>Mark with a cross.</b>	PCF410X	PFC104T	PTEAC1X	PTEAC2Y	PRS1045	TPF3704				
	PRS2049	PRS304C	PRS403E	PST104F	PST204J	TPF3703				
	PST304M	PST402N	TPR100C	TPR200F	TPS2601	TPF2602				
	TPS2602	TPS3703	TPS3704	TPN2601	TPN2602	TPF2601				
	TPN3703	TPN3704								
<b>Mark your province with a cross</b>	FS	GP	WC	EC	NC	KZN	MP	NW	L	
<b>Name of school where you intend to do your practical</b>					<b>Are you employed by the school?</b>	Yes	No			
<b>City / town</b>										
<b>Contact details of school</b>	Tel: ..... E-mail: .....									
<b>Mentor teacher's details:</b>	<b>Please tick your teaching practice month and write the date below.</b>						School stamp if school confirms they can accommodate you.			
Title & initials: .....	Feb	Mar	Apr	May	Jun	Jul		Aug	Sep	
Surname: .....	<b>Please indicate specific dates:</b>									
Contact (cell): .....	From: ..... To: .....									
E-mail: .....										

School principal's signature: ..... Date: .....

This form should be submitted via e-mail to [teachprac@unisa.ac.za](mailto:teachprac@unisa.ac.za)

Please include your student number and the name of the form (DSAR25) in the subject line of the e-mail.