

A. General School Information School Pay point

School Code

Please read the guidelines on the back of this page!

(EMIS Code)

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1. Name of School				1.1 Grades: From (lowest)	<input type="text"/>	To (highest)	<input type="text"/>
2. Region				3. Constituency	Code		
4. School Location: Name of Town / Village/ Settlement where school is located							
5. Inspection Circuit	Code	<input type="text"/>			Circuit Name		
6. Cluster Center	As your school belongs to a cluster, state the code and name of the cluster center school. If your school is a cluster center, state its code and name again			Cluster Code	Cluster Center Name		
7. School Postal Address							
8. Tel. / Fax Number	Tel:			Fax:			
				School E-Mail:			
9. School Principal Acting	Name:			Principal's E-Mail:			
	Home tel. no.			Cell phone:			
10. Your school is a (State or Private school)	Tick as appropriate			<input checked="" type="checkbox"/>	State school		1 <input type="checkbox"/>
				<input type="checkbox"/>	Private school		2 <input type="checkbox"/>
11. Your school is a (type of school)	Mark <input checked="" type="checkbox"/> the category below, which best describes your school. Mark 1 box only.						
	1. Pre-Primary	<input type="checkbox"/>	5. Technical / Pre-vocational school	<input type="checkbox"/>			
	2. Primary School (Gr PP – 7)	<input type="checkbox"/>	6. Agricultural School	<input type="checkbox"/>			
	3.*Combined School (Gr PP – 12)	<input type="checkbox"/>	7. Special /Resource School	<input type="checkbox"/>			
	4. Secondary School (Gr 8 – 12)	<input type="checkbox"/>	Other type of school (Specify) _____				
12. For private schools only	Check what kind of support your school gets from the state (GRN). If the printed information is incorrect, give the correct information (YES or NO) in the unshaded box here						
	Teachers are appointed by the state (government)			<input type="checkbox"/>			
	The school receives equipment and / or textbooks from the state (government)			<input type="checkbox"/>			
	The state (government) provides some form of financial subsidy to the school			<input type="checkbox"/>			
	The school receives NO support from the state (government) in any form			<input type="checkbox"/>			
13. Platoon or double-session system	Check whether the platoon or double session system is used at your school. If the printed information is incorrect, give the correct answer (YES or NO) in the unshaded box.						
	13.1 Platoon system (different teachers using the same classroom to teach two sessions)			13.2 Double session system (the same teacher teaches two sessions, one after the other)			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			
14. Satellite schools (See definition on back of this form)	14.1 Does the school have satellite schools? If it does, please list the code numbers and names of all satellite schools Yes <input type="checkbox"/> No <input type="checkbox"/> Please list Names and Codes for Satellite school below Code: _____ Name: _____ Code: _____ Name: _____			14.2 Is this school a satellite of another school? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list Names and Codes for Satellite school below Code: _____ Name: _____			
15. Urban or Rural (See definition)	15.1 Is this school an urban or rural school?			15.1 Mark one <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/>			
16. Hostel Accommodation	Code	Name			Code	Name	
	<input type="text"/>				<input type="text"/>		
	<input type="text"/>				<input type="text"/>		
	<input type="text"/>				<input type="text"/>		

[Please note: * for the sake of this census, schools with primary and secondary grades are to be classified Combined.]

B.1 Summary Numbers of Teachers and Learners and Support Staff School Code

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1. Total numbers of learners, teachers and support staff

Staff numbers include everyone other than hostel staff. The totals thus will include those appointed by government or non-government bodies, those who are relief and those who are on leave as long as they are officially employed at the school.

LEARNERS			TEACHERS (including the Principal and other teaching staff)			SUPPORT STAFF (Secretary/ admin. officers, clerks, cleaners, etc.) <small>Do NOT include hostel staff</small>		
Male	Female	Total	Male	Female	Total	Male	Female	Total

2. Learners and class groups per grade

Record the number of learners in each grade. In secondary grades, register classes are counted as class groups. In the case of multi-grade teaching (where learners from more than one grades are taught in a group), each grade must be counted as one (1) in the column headed "Number of class-groups" and the combination of class-group should be indicated in the second last column.

Grade or Course	Number of learners			Number of class-groups	Multi-grade Show which grades are combined	FOR OFFICE USE ONLY
	Male	Female	TOTAL			
Pre-Primary (100)						
Grade 1 (201)						
Grade 2 (202)						
Grade 3 (203)						
Grade 4 (204)						
Grade 5 (205)						
Grade 6 (206)						
Grade 7 (207)						
Grade 8 (208)						
Grade 9 (209)						
Grade 10 (210)						
Grade 11 (211)						
Grade 12 (212)						
Grade 13/ A level (213)						
Learning Support Gr.1 (401)						
Learning support Gr.2 (402)						
Learning support Gr.3 (403)						
Learning support Gr.4 (404)						
Learning support Gr.5 (405)						
Learning support Gr.6 (406)						
Learning support Gr.7 (407)						
Basic Pre-Voc. Skill Yr.1 (321)						
Basic Pre-Voc. Skill Yr.2 (322)						
Advanced Vocational (NTA Level) (323)						
Orientation phase (501)						
Beginners phase (502)						
Junior phase (503)						
Senior phase (504)						
Access (Basic Skills Phase) (505)						
Autism (506)						
Total						

3. Number of days and periods in each time table cycle

Grade	Number of days in each timetable cycle	Number of Periods in each timetable cycle	Length of each period in minutes
Pre-Primary			
Grade 1 - 2			
Grade 3			
Grade 4			
Grade 5 - 7			
Grade 8 - 9			
Grade 10 -11			
Grade 12 (AS)			
Others			

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1. Mortality statistics for teachers (after the last census date up to the current census date).

Cause of death:	1. Illness		2. Accident		3. Suicide		4. Violence & Homicide	
	Male	Female	Male	Female	Male	Female	Male	Female
Age in years								
24 and younger								
25 – 29								
30 – 34								
35 – 39								
40 – 44								
45 – 49								
50 – 54								
55 and older								
TOTAL								

2. Teachers who left the school (after the last census date up to the current census date).

Reason (s)	Male	Female	Total
Retired			
Transferred to another School			
Transferred to a non-teaching position			
Health related (boarded due illnesses, disability, etc.)			
Dismissed			
Resignation			
Others (exclude death)			
TOTAL			

3. Did your school organize orientation session(s) regarding **life skills-based HIV and Sexuality Education Programs** for parents/guardians of learners at your school **this year**?

(Please tick only one box)

Yes No

4. How many teachers in your school received training **and are teaching** Life skills-based HIV and Sexuality Education?

Write in two (2) digits e.g. if only 1 teacher in your school, indicate like

0	1		
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5. (a) Is your School implementing an HIV and AIDS policy for Education Sector workplace program that includes information and training for staff on HIV and AIDS and access to prevention, care and support services?

(Please tick only one box)

Yes No

(b) Are any grievances and disciplinary procedures related to HIV and AIDS Policy for Education Sector in place?

(Please tick only one box)

No

Yes but these procedures are not enforced.

Yes, and these procedures are enforced.

C1. Class-group information

School Code

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- Name of school: _____
- Grade and class-group, e.g. Grade 1 A: _____

3. Session (Mark one)

√

Morning (first session only) (1)	
Afternoon (2)	

4. **Medium of Instruction** (*language in which subjects such as Mathematics and History are taught*).
State the language and get the **Code** from the list of codes on the back of **Form D (NB: Medium of instruction codes)**

(a) Main Medium: _____

Code

(b) Second medium, if any: _____

Code

5. **Multi-grade teaching**

(a) Are learners in other grades taught together with this group (for example, Grade 1 and Grade 2 combined in one group)?

Yes (1)	
No (2)	

(b) If the class group is multi-grade (combined group), from which grades and classes are the other learners in the group?

Grade & Class	Office use

6. Number of **ALL** learners in the Class-group

Male	Female	Total

7. Number of Non-Namibian learners

Male	Female	Total

8. **Grade Composition**

Record the numbers of learners in the class-group, showing how many are **first time, repeaters and how many returned** to school after leaving school before the end of last year.

(A) Learners in the grade for the first time (entering for the first time or having passed previous grade at the end of last year).	(B) Learners repeating the grade because they failed at the end of last year.	(C) Learners who returned to school this year after having left during or before the previous year.																		
<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Male</th> <th style="width: 33%;">Female</th> <th style="width: 33%;">TOTAL</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Male	Female	TOTAL				<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Male</th> <th style="width: 33%;">Female</th> <th style="width: 33%;">TOTAL</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Male	Female	TOTAL				<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Male</th> <th style="width: 33%;">Female</th> <th style="width: 33%;">TOTAL</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Male	Female	TOTAL			
Male	Female	TOTAL																		
Male	Female	TOTAL																		
Male	Female	TOTAL																		
Learners Condoned: Of the learners in the grade for the first time (A), how many were transferred because of over age, repetition, etc.?																				
<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Male</th> <th style="width: 33%;">Female</th> <th style="width: 33%;">TOTAL</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			Male	Female	TOTAL															
Male	Female	TOTAL																		
FOR GRADE 1 ONLY																				
9. How many of your Grade 1 learners have had kindergarten / pre-primary school experience?	<table border="1" style="width: 100%;"> <tr> <th style="width: 33%;">Male</th> <th style="width: 33%;">Female</th> <th style="width: 33%;">Total</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Male	Female	Total																
Male	Female	Total																		

10. **Class teacher particulars:**

Name: _____ Signature: _____ Date: _____

Cellphone Number: ID No.....

C3. Class-group information

Grade and class-group, e.g. Grade 1 A: _____

School Code

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15. Furniture (in the classroom): Please provide numbers' do not tick.

Furniture		Good	Usable	Need replacement	Total in Class
Writing boards	Chalkboard				
	Whiteboard				
	Smart boards				
Learners	Chairs for learners				
	Single desks for learners				
	Double desks for learners				
	Adjustable chairs for learners with disability				
	Adjustable tables for learners with disability				
	Benches for learners				
Teachers	Teachers chair(s)				
	Teachers' table (s)				
	Adjustable chair for teachers with disability				
	Adjustable Table for teachers with disability				

***Please see definitions at the back of FORM E and User Manual.**

16. Orphans and Vulnerable Children (OVC)

Sex/ages of learners		5 or younger	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25 or over	Total	
		Orphans	Male																					
Female																								
Total																								
Vulnerable	Male																							
	Female																							
	Total																							

17. Number of learners who dropped out this year

Reason for dropping out	Male	Female	TOTAL
Illness or caring for sick relatives			
Distance between school and home			
Left to get a job			
Parents demand that learner stays home			
Failure to pay school development fund / hostel fees			
Learners feel too old for grade			
Pregnancy related			
Learners failed the grade			
Learners had no money for examination fees			
Learners had disciplinary problems			
Parent/s died, learner had no caretakers			
Hunger			
Learner was being discriminated, bullied by others			
Disability	Infrastructure accessibility		
	Learning material accessibility		
	Language/communication barrier		
Early marriage			
Attitude of teacher/s			
Unknown/ Others			
Total			

18. Number of learner pregnancies recorded this year

Ages of learners	Pregnant learners still attending school	Pregnant learners who have dropped out of school	TOTAL
9 or younger			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25 or over			
TOTAL			

D. Teacher Particulars

Teacher's Pay Point

Please check the information on this form. If you find the information to be wrong, missing or has changed, write the correct information into the un-shaded blocks. Guidelines and codes are printed on the back of the form

1. Name of School		Code					
2. Name of Teacher		Title (Mr./Ms.)		Initials		Surname	
Ref code:		Code					
3. Present service of the Teacher (Mark one block only)		Is now working at the school <input type="checkbox"/>		Is on long sick or maternity leave <input type="checkbox"/>		Is on study leave for more than 3 months <input type="checkbox"/>	
4. Identity number and document		(a) Number		(b) Type of Document (see back of page)			
5. Sex (Male / female)		6. Nationality					
7. Date of Birth (DD-MM-YYYY)		8. Marital Status (See list of codes)		Code		9. Employed by (see list of codes)	
10. Salary Band & Grade Code (See list of codes)		11. Employee Code (govt. staff only)		Code		12. Appointment (see list of codes)	
13. Number of years of teaching experience years		14. Main (Home) language (see list of codes at the top of the back of this form)		Code			
15. Number of years of non-teaching experience..... years				Code			
16. Rank and post occupied Actual rank and acting capacity: see codes		(a) Actual rank		Code		(b) Acting Capacity (if any)	
				Code		Code	
17. Highest academic or vocational qualification (see list codes)		Code					
18. Highest professional or teaching qualification (see list codes)		Code					
19. Indicate the subjects that you are qualified to teach		Major:			Minor:		
20. Qualification in phase/s *Highest phase qualified to teach		N/A <input type="checkbox"/>		PP <input type="checkbox"/>		JP <input type="checkbox"/>	
*Other phase/s qualified to teach		N/A <input type="checkbox"/>		PP <input type="checkbox"/>		JP <input type="checkbox"/>	
21. Life Skills-based HIV and Sexuality Education training received?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		23. Counseling Training?	
YES <input type="checkbox"/>		NO <input type="checkbox"/>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
22. HIV&AIDS training received?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		24. Computer Skills (0 – none, 3 – advanced)	
25. In-service training in Inclusive Education received?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		0 1 2 3	
26. Do you have any form of DISABILITY?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			

27. **Subjects taught:** Enter all subjects taught this year in the first column and get the codes from the list of codes on the back of this form. Junior primary class teaching **MUST be indicated as such**. Also indicate the total number of lessons taught per subject per grade. Under 'Qualification in Subject' tick the most appropriate (**only 1 block**) block to indicate your qualifications in each specific subject.

Subject Taught		Grades Taught and Number of lessons per subject per grade						Qualifications in Subjects			
Subject Name	Code	G R	G R	G R	G R	G R	G R	below Gd. 12	Gd. 12	1 or 2 years after Gd. 12	3 years plus after Gd. 12
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
								(1)	(2)	(3)	(4)
Verified by Principal											

NB: For the sake of clarity and data cleaning, please provide your contact number: _____

• Original: to be returned to Head Office

2nd Copy: To Circuit/Region

3rd Copy remains at School

E. PHYSICAL FACILITIES

School Code

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1. NAME OF SCHOOL

Check the information for your school printed in the shaded blocks. Correction, due to errors or changes in the facilities at your school must be recorded in the adjoining unshaded blocks.

PLEASE BE EXTRA CAREFUL WHEN FILLING THIS FORM. BE ACCURATE.

2. NUMBERS OF DIFFERENT FACILITIES

- Check or state the number of rooms for each of the facilities according to the type of building. **Note:** the main material of walls distinguishes Buildings. Buildings not belonging to the school are reported separately in the second-last column. **Please read through the list before classifying the facilities at the school.**
- **DO NOT COUNT ANY ROOM OR FACILITY MORE THAN ONCE.**

Type of room or facility		Number of rooms of each kind of building structure					Facility accessible by wheelchair	
Code	Type	Permanent (Bricks, stone concret, etc.)	Prefabricated panels/classes	Traditional (Mud, poles, sticks, grass, corrugated iron, metal sheets, etc.)	Rooms/Facilities not belonging to the school but used daily	TOTAL	Facility accessible by wheelchair	
							Tick (if yes)	Number Accessible
01	Class rooms							
02	Laboratory (Science)							
03	Computer Laboratory							
04	Cookery/Kitchen							
05	Workshop (prevocational)							
06	Rooms suitable for very small groups only							
07	Gymnasium / School Hall							
08	Library/Media/Center/Language							
09	Store room(s)							
10	Book Store							
11	Administration Block (Staffroom and Principal's)							
12	Other administrative / general use facilities							
13	Strong room							
14	Garden or Agricultural Project							
TOTAL								

3. OUTDOOR TEACHING SPACES (DO NOT COUNT SPORTS FACILITIES)

How many outdoor spaces are regularly used for teaching due to the lack (shortage) of class rooms?

4. SANITARY FACILITIES Check and record the number of INDIVIDUAL lavatory units (seats, urinal spaces, etc.).	Number of individual toilet units											
	Flush toilets				Urinals spaces				Other latrines e.g. pit latrines			
	Used	Not Used	Accessible by wheelchair		Used	Not Used	Accessible by wheelchair		Used	Not Used	Accessible by wheelchair	
			Used	Not used			Used	Not used			Used	Not used
Male learners												
Female learners												
Staff												
TOTAL												

5. BASIC SERVICES Check and correct (if necessary) what kind of basic services are at the school and/or surrounding community, suburb or town	TYPE OF SERVICES		At School (tick the relevant box)						Nearby community or town (indicate Yes or No)	
	Water		Pipe <input type="checkbox"/>	Borehole <input type="checkbox"/>	Well <input type="checkbox"/>	None <input type="checkbox"/>				
	Electricity		Main <input type="checkbox"/>	Generator <input type="checkbox"/>	Solar <input type="checkbox"/>	None <input type="checkbox"/>				
	Telephone (including cellphone, satellite or radio telephone)		Yes <input type="checkbox"/> No <input type="checkbox"/>							
	Internet connectivity		Wireless <input type="checkbox"/>	Cable <input type="checkbox"/>	None <input type="checkbox"/>					

6. HOUSING FOR TEACHERS Check and correct (if necessary) the number of housing units or flats for teachers. DO NOT count general government housing unless it is allocated specifically to your school by government.	TYPE OF HOUSING		Separate house or part of a building used only for teachers		Accommodation in hostels		TOTAL	
	Family Units							
	Single quarters							

F. ETSIP INDICATORS

School Code

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F1. School and Community

Area	Your Responses				
1. School Board	Does the school have an operational School Board (SB)?	Y		N	
	If Yes , how often does your SB meet each year?				
	For which of the following does your SB have an oversight function? (Tick all those that apply)	Tick \checkmark			
	Approve School Development Plan	Yes		No	
	Set school Policy, Rules and Regulations	Yes		No	
	Decide on staff/teacher issues (appointment, promotion, termination, etc.)	Yes		No	
	Set and manage the School Development Fund	Yes		No	
	Improve/develop school infrastructure	Yes		No	
	Disciplinary issues (teachers and other staff)	Yes		No	
	Disciplinary issues (learners)	Yes		No	
	Improve school welfare (health, HIV&AIDS and feeding)	Yes		No	
	Communicate with parents and community	Yes		No	
	Other – please specify up to 3 main functions:				
	(1)				
(2)					
(3)					
2. School Development Fund (Do not record the UPE Funds)	Does the school have School Development Fund (SDF)?	Y		N	
	If Yes , what is the contribution per child per year?	N\$			
	What is the fund used for? (Tick all those that apply)	Tick \checkmark			
	To provide teaching/library materials	Yes		No	
	To provide textbooks	Yes		No	
	To pay for minor building projects	Yes		No	
	To maintain/refurbish school buildings	Yes		No	
	To pay for services (water, electricity, etc.)	Yes		No	
	To pay for extra teachers (their salaries)	Yes		No	
	To give bonuses (top-ups) to selected teachers	Yes		No	
	To employ support staff (their wages)	Yes		No	
	To run and maintain a school vehicle	Yes		No	
	To assists with teachers' rent payments	Yes		No	
	Other – please specify up to 3 main uses:				
(1)					
(2)					
(3)					

ONLY APPLICABLE TO PRIVATE SCHOOLS

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F3. Information and Communication Technology (ICT)

1. Computer Hardware and Operating Systems

Working computers in the school		Computers NOT working in the school	Indicate no. of computers not working for these periods	How were these computers obtained (<i>Working and not working</i>)?		Number
Operating system	Number	Number				
a) Windows			1 – 3 months		Donated by NGO (e.g. School net, Peace Corps)	
b) Linux			4 – 6 months			
c) Other Specify: -----			7 – 9 months		Donated by private company	
			10 – more months		Bought by school (own funds)	
					Provided by Government (Ministry)	
TOTAL			TOTAL		TOTAL	

2. Please Tick reasons why these computers have not been operational for these periods.

Broken		No Electricity		No know-how		Others (specify below)	
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3. What kind of support has the school received from those who donated the computers?

Training		Technical support		Other (please specify below)	
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4. Other ICTs Equipment (indicate numbers)

Equipment	Teaching and Learning and Administration		
	Operational	Not operational	Total
Printers			
Photocopiers			
Typewriters			
Television Sets			
Radio / Tape recorders			
Sewing machines			
Cookers/Stoves			
Science Kits			
Musical Instruments			
DVD			
Smart boards			
LCD /OH Projectors			
White boards			
Projectors/beamers			
Fax machine			
Duplicating machines			
Classic Manual Braille machine			
Modern Braille machine			
Embosses			
Book reader pen			
Camera (Deaf Education)			
Audio Recorder			
Talking calculators			
Text-To-Speech equipment			
Enlarged print Screen reader			
Others (<i>specify below</i>)			

Hostel code

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Hostel Pay point (s)

1.

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2.

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3.

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H1. Hostel Information

1. Name of Hostel					
2. Superintendent's name					
3. Telephone and fax numbers <i>(if different from School)</i>	Tel: _____ Fax: _____				
4. Is the hostel a state or private hostel? (private hostels are controlled by a non-government organization such as a church, farm, mine or other organization.)	Mark one: <input type="checkbox"/> State hostel <input type="checkbox"/> Private hostel				
6. Classification of hostel (A, B, C, D or E)- (Not applicable to private hostels)	Mark one A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>				
7. Does the hostel have a kitchen providing meals to boarders?	Mark one <input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Does the hostel have a laundry?	Mark one <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Those hostels with a laundry:	1. Is clothing washed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	2. Is linen washed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	3. Is washing done <input type="checkbox"/> by machine <input type="checkbox"/> by hand				
	4. If washing is done by hand, is it done by <input type="checkbox"/> Boarders? <input type="checkbox"/> Institute workers?				
10. What is the capacity of the hostel?	Boys <table border="1"><tr><td></td></tr></table> Girls <table border="1"><tr><td></td></tr></table> Total <table border="1"><tr><td></td></tr></table>				
11. Indicate the current occupation	Boys <table border="1"><tr><td></td></tr></table> Girls <table border="1"><tr><td></td></tr></table> Total <table border="1"><tr><td></td></tr></table>				
12. Number of rooms and blocks occupied	Boys <table border="1"><tr><th>Rooms</th><td></td></tr><tr><th>Blocks</th><td></td></tr></table>	Rooms		Blocks	
	Rooms				
Blocks					
Girls <table border="1"><tr><th>Rooms</th><td></td></tr><tr><th>Blocks</th><td></td></tr></table>	Rooms		Blocks		
Rooms					
Blocks					
13. Number of rooms and blocks empty & reason(s) <i>(Attach separate page for reason)</i>	Boys <table border="1"><tr><th>Rooms</th><td></td></tr><tr><th>Blocks</th><td></td></tr></table>	Rooms		Blocks	
	Rooms				
Blocks					
Girls <table border="1"><tr><th>Rooms</th><td></td></tr><tr><th>Blocks</th><td></td></tr></table>	Rooms		Blocks		
Rooms					
Blocks					
<i>The information stated in this questionnaire is certified as correct.</i>					
Superintendent : _____ <i>Signature</i> _____ <i>date</i>	<table border="1"><tr><td style="text-align: center;"><i>Date Stamp</i></td></tr></table>	<i>Date Stamp</i>			
<i>Date Stamp</i>					
Principal : _____ <i>Signature</i> _____ <i>date</i>					

14. Collection of hostel fees. (only for GRN hostels)

1. Number of boarders granted 20% or less discount
2. Number of boarders granted more than 20% discount.
3. Number of boarders granted total exemption

H3. Hostel Information

16. Number of hostel staff and numbers of dependents and non-essential boarders living in hostel

The number of all hostel staff whether living in the hostel or not must be reported in the three columns under “Number of staff WORKING in hostel”. This includes staff on leave and if applicable, relief staff. Full particulars of each staff member are to be reported.

The numbers of hostel staff of each post level and their dependents (spouses and children), **living** in the hostel must be reported in the four columns under “Number of staff and dependents LIVING in hostel”.

Other: Non-essential boarders are people, such as teachers, living in the hostel, but **not** working there and **not** being dependents of hostel staff members already reported elsewhere in the table.

Post		Number of staff WORKING in hostel			Number of staff and dependents LIVING in hostel			
		Males	Females	TOTAL	Hostel staff living in hostel (or other staff 399)	Dependents living in hostel		TOTAL living in hostel
						Spouses	Children	
301	Superintendent							
303	Supervisor							
304	Chief Hostel Matron							
305	Catering Matron							
306	House Hold Matron							
307	Child Care Matron							
308	Senior Institution Worker							
309	General Institution Worker							
310	Laundry Institution Worker							
399	Other Hostel staff (specify)							
TOTAL								

17. Staff particulars

Particulars of all staff members, including staff on leave and relief staff, are reported in table 17. The number of staff listed must agree with the numbers reported as “working in hostel” in Table 16 above.

The “post presently held” and “appointment” must be indicated by codes from the tables below. Mark the staff member’s sex (male or female) and indicate whether or not the staff member is on the state’s payroll under “paid by”.

CODES

Post presently held

- 301 Superintendent
- 303 Supervisor
- 304 Chief Hostel Matron
- 305 Catering Matron
- 306 Household Matron
- 307 Child Care Matron
- 308 Senior Institution Worker
- 309 General Institution Worker
- 310 Laundry Institution Worker
- 399 Other Hostel staff

Appointment

- 1 Permanent
- 2 On probation
- 5 Relief Staff
- 6. Contract appointment

If no appropriate code appears in these tables, indicate the post and / or appointment in the margin and leave the space for the code open.

