

**SOUTH AFRICAN GRADUATE
DEVELOPMENT ASSOCIATION**



Championing Graduate Empowerment

SAGDA MEMBERSHIP FORM - GRADUATE EMPOWERMENT 2011

Name of institution: _____ Year established: _____
Type of institution: (Public or private) _____ Accrediting body:
_____ Accreditation number: _____
Physical address: _____ Accreditation period & expiry
date: _____ Type of membership sought: (primary, secondary
or tertiary) _____ Postal address: _____
_____ Tel: _____
Fax: _____ Email: _____ Website address: www.
_____ Head of institution title: (Prof/Ms/Mr/Dr)
_____ Full name: _____ Name of PA: _____

REPRESENTATIVES - HIGHER AND TRAINING INSTITUTIONS

Designated institutional advocate: (e.g. Dean of students) _____
Full name: _____ Tel: _____
Cell: _____ Email address: _____
Fax: _____
Designated institutional representative: (e.g. Director/Manager In-service Training or Alumni)

Full name: _____ Tel: _____
Cell: _____ Email address: _____
Fax: _____

Does your institution has a dedicated department that handles graduate development:
(Please tick the appropriate box)

Yes
No

If yes, what do you call it: _____

If no, do you have any plans to establish such a department?

Yes
No

COMPANY REPRESENTATIVES - PRIVATE COMPANIES OR MUNICIPALITIES

Designated corporate advocate: (e.g. GM Human Capital/ Director HR) _____

Full name: _____ Tel: _____

Cell: _____ Email address: _____

Fax: _____

Designated corporate representative: (e.g. Manager Graduate Recruitment) _____

Full name: _____ Tel: _____

Cell: _____ Email address: _____

Fax: _____

Does your institution has a dedicated department that handles graduate recruitment:
(Please tick the appropriate box)

Yes
No

If yes, what do you call it: _____

If no, do you have any plans to establish such a department?

Yes
No

MEMBERSHIP NEEDS DIAGNOSIS - HIGHER EDUCATION AND TRAINING INSTITUTIONS

How many students do you receive or train per academic year: _____

What is your annual graduation rate for the following period as % of total enrolments for the same period:

2007: enrolments: _____ rate of graduation: _____

2008: enrolments: _____ rate of graduation: _____

2009: enrolments: _____ rate of graduation: _____

2010: enrolments: _____ rate of graduation: _____

How many of your graduates become employed in the following period after graduation:

While studying: actual number: _____ per cent of total graduates: _____%

1st year: actual number: _____ per cent of total graduates: _____%

2nd year: actual number: _____ per cent of total graduates: _____%

3rd year: actual number: _____ per cent of total graduates: _____%

4th year or more: actual number: _____ per cent of total graduates: _____%

Never get employed: actual number: _____ per cent of total graduates: _____%

What are the contributory factors to low levels of employment amongst your graduates?

1. _____
2. _____
3. _____
4. _____

What are the contributory factors to medium levels of employment amongst your graduates?

1. _____
2. _____
3. _____
4. _____

What are the contributory factors to low levels of employment amongst your graduates?

1. _____
2. _____
3. _____
4. _____

What institutional interventions and since when have you been applying against the conditions/factors above?

This year: _____

2009 year: _____

2008 year: _____

2007 year: _____

What are your current sources for reliable information relating to?

Graduate statistics: _____

Graduate empowerment: _____

How many of your students have required In-service Training to graduate in the following periods?

This year: _____

2009 year: _____

2008 year: _____

2007 year: _____

What proportion of students eligible for in-service training have secured and completed such?

This year: actual number: _____ per cent of total graduates: _____%

2009: actual number: _____ per cent of total graduates: _____%

2008: actual number: _____ per cent of total graduates: _____%

Never: actual number: _____ per cent of total graduates: _____%

Which of the following strategic programmes in order of priority would appeal to your institution - in order of priority - where 1 = top priority and 8 = lower priority? Do not nominate more than 2 options in 1 column.

	1	2	3	4	5	6	7
1. Graduate Employment Monitor - GEM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Graduate Empowerment Awards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Graduate New Venture Creation Programme:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Graduate Economic Absorption Indicator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rare and Critical Skills Symposium:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Media Graduate Empowerment Awards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Higher Education & Training Career Support:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who is responsible for membership annual payment?

Name & Surname: _____ Designation: _____

Tel: _____ Email: _____

How do you prefer to pay for membership - please tick one box?

EFT :

Cheque:

NB: Membership fees are levied annual. We thank you for completing the membership form. Please complete and send back to us not later than February 4, 2011 by fax to 086 515 3249 or scan and email to: info@sagda.org.za . If you do not have all the information on the diagnosis details, feel free to submit the form and we will make follow up with you/your institution to resolve it with you.