C. **HUMAN RESOURCE MANAGEMENT**

7.2 **Audit of Posts**

Name of organization: ……

District Office: ……

1	2	3	4	5	6	7	8		9	10
Location of office / service point / satelite service / facility	**Post class[1]**	**Race (C, A, W, As, I)[2]**	**Gender**	**Registration no. in terms of Act[3]**	**Confirmation of registration[4]**	**Utilization of post[5] M, S, F**	**Funding for post ✓**		**Area(s)/place where staff member is deployed (please indicate name of suburb/informal settlement, etc.)[6]**	**Salary per annum R**
							Funded by Dept.	**Not funded**		

[1]Column 2: It is not necessary to give names of staff members. Number posts, e.g. SW 1, Carer 1, etc. The Department needs to know how many posts you have available in your area of work in order to determine adequate levels of service delivery.

[2]Column 3: Indicate the race group – refer to the Guidelines

[3]Column 5: If the person has to register in terms of legislation e.g. social workers, nursing staff, please confirm that the person is registered by quoting the registration number

[4]Column 6: Confirm that registration is paid for this financial year e.g. give number of receipt

[5]Column 7: If the post is utilized as a managerial or supervisory post, please indicate with "**M**" or "**S**", or F for fieldwork

[6]Column 9: Indicate where the staff member is working: location of residential facility, areas where staff member is working, etc.