

INSTRUCTIONS:

- SECTION C-1: First qualification**
- **Must be completed** by all applicants.
 - **NB:** A certified copy of documentary proof of the qualification indicated in *Section C-1* must be attached to this application (FORM R.1.SW.2).

- SECTION C-2: 3 + 1 Qualification**
- Only to be completed by persons with a 3 + 1 qualification.
 - **NB:** A certified copy of documentary proof of the qualification(s) indicated in *Section C-2* must be attached to this application (FORM R.1.SW.2).

- SECTION C-3: Subjects**
- **Must be completed** by all applicants.
 - Mark in the box for each year you have taken a subject e.g. if you took a subject for 2 years then mark the first 2 boxes or if you have taken a subject only for one year then only mark box 1.
 - Indicate the subjects/modules in the appropriate spaces.
 - **IMPORTANT:** Original (not copy) of documentary proof issued by the training institution in which an indication is given of ALL the subjects you have passed during all four years of study and the duration of the course in each subject, if the subjects and the duration of the course in each subject have not been stated on the degree/diploma certificate, must be attached in order to be entered into the Register.

C. ACADEMIC PARTICULARS

C-1. Information on your first qualification as social auxiliary worker

Particulars of training institution *(University, college, accredited training provider, etc)*

Name of Institution_R

Contact person

Telephone (work) -

Country *(If not in South Africa)*

Academic information of applicant *(mark with X)*

Qualification Degree Diploma Certificate in Social Auxiliary Work

Duration of course 1 year 2 years 3 years

Name of qualification_R *e.g. Certificate in Social Auxiliary Work*

Date on which you initially registered as a student for this qualification

- -

Date on which this qualification was/will be conferred upon you:

- -

C-2. ONLY applicable to persons with a 3 + 1 year qualification: *(mark with X)*

Qualification Degree Diploma SW Certificate (NDP)

Duration of course 1 year 2 years 2 years

Name of qualification*_R

Date on which this qualification was/will be conferred upon you:

- -

C-3. Subjects related to qualification* *(COMPULSARY to complete by all applicants) (mark with X)*

Subject **Year courses**

Social work and/or social auxiliary work modules / subjects in 1st two years of training

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other subjects:

Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C continues on the next page

INSTRUCTIONS:

SECTION C-4: Other qualifications

- Only complete if applicable.
- Date conferred refers to date when qualification was conferred upon you by the training institution.
- **NB:** Certified copies of documentary proof of the qualifications in *Section C-4* must be attached to this application (FORM: R.1.SW.2).

SECTION D: Higher Education Institutions

- This section only applies if a qualification has not yet been conferred upon you and must be completed and signed by a person acting on the authority of the training institution, certifying that the qualification will be conferred upon you and on what date.
- This part must contain the official date stamp of the institution to be valid.
- The applicant may not complete this part.

SECTION E: General

- Must be completed by all applicants.
- Answer all questions honestly.
- If you need additional space, *please add a page* to FORM R.1.SW.2 and mark it clearly (on top of the page) "SECTION E" with the number of the question.

C-5. Academic particulars of other qualification(s) in other fields of study which you possess

	Qualification	Training institution	Date conferred
1			
2			
3			

D. TO BE COMPLETED BY THE TRAINING INSTITUTION

This part should only be completed where the applicant is a student social auxiliary worker in his or her final year

Name of Institution

It is hereby certified that

full names and surname of student

complied with all the requirements for the Diploma/Certificate

of this institution

on day of month 20 year

to be issued at a graduation ceremony on day of month 20 year

We recommend him/her for registration as a **social auxiliary worker** with the SACSSP

Signature: Head of Training Institution

Date

ORIGINAL OFFICIAL DATE
STAMP OF INSTITUTION

The completion of the Section D does not exempt the applicant from the requirements indicated in section H-4

E. GENERAL

All of the following questions must be answered (mark with **X**)

1. Have you ever been found guilty of unprofessional or improper conduct by the SACSSP? If **YES**, complete the rest (mark with **X** in applicable block) YES NO

1.1 - were you reprimanded or cautioned? Y N

1.2 - was your registration suspended? Y N

1.3 - was your registration cancelled? Y N

1.4 - was the imposition of a penalty postponed? Y N

1.5 - was the execution of your penalty suspended? Y N

2. Have you ever been found guilty of an offence by a court of law? If **YES**, specify the nature of the offence of which you were convicted, the year in which it took place and the sentence passed: YES NO

Nature of offence	Year	Sentence

3. Are any legal steps pending against you at present? If **YES**, specify what steps below. YES NO

DISCLOSURE OF CRIMINAL OFFENCES

Any person who apply to be registered as a social auxiliary worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 15 of the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011)

INSTRUCTIONS:

SECTION F-1: Registration History

- To be completed by all applicants
- Final year students in social auxiliary work need to indicate their registration number as student social auxiliary worker starting with 30- in the appropriate area on the right.

F. REGISTRATION HISTORY

F-1. Have you previously applied for registration with the SACSSP? (mark with X)

YES NO If **YES**, what was the result? (mark with X) Approved Declined Incomplete

If APPROVED, were you registered as: (mark with X)

Social worker	<input type="checkbox"/>	Child & youth care worker	<input type="checkbox"/>
Social auxiliary worker	<input type="checkbox"/>	Auxiliary child & youth care worker	<input type="checkbox"/>
Student social worker	<input type="checkbox"/>	Student child & youth care worker	<input type="checkbox"/>
Student social auxiliary worker	<input type="checkbox"/>	Student auxiliary child & youth care worker	<input type="checkbox"/>

Indicate SACSSP registration number (see Registration Certificate) -

G. EMPLOYMENT PARTICULARS

G-1. Mark ONE most appropriate option (mark ONE only with X)

Full time employed Part-time employed Self-employed Unemployed

Retired_R Final year student Other* (specify)

G-2. Current employment (if applicable)

Name of employer_R

Street address

Town_R

Postal code

Postal address (if different)

Postal code

Telephone -

Email (write clearly)

Fax number

Date started with present employer* - -

Post/designation* e.g. social auxiliary worker

Nature of employer (mark ONE only with X):

National Government	<input type="checkbox"/>	Provincial Government	<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Government entity	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Academia	<input type="checkbox"/>	NPO or CBO	<input type="checkbox"/>	Training organisation	<input type="checkbox"/>
Other	<input type="checkbox"/>	If Other, specify <input type="text"/>					

SECTION G-1: Employment status

Must be completed by all applicants.

SECTION G-2: Current employment

- Must be completed by all applicants, EXCEPT persons who are unemployed or retired.
- If you are currently (on the day you submit this application) employed as a social auxiliary worker or similar, whether fulltime or part-time Section J must be completed and signed by your employer.

INSTRUCTIONS:

SECTION J: Undertaking by employer

- Section J must be completed by the employer or person designated by the employer.
- The applicant may not complete Section J
- See H-5 of FORM R.1.SW.2 for more information.
- The details of the registered social worker who at the time of this application will be supervising the social auxiliary worker must be inserted in the applicable fields and he or she must sign in the designated space.
- Section J must be signed by:
 - the manager of the unit where the social auxiliary worker will practise under the supervision of a registered social worker; and
 - CEO/Director of the organisation/ head of the office in case of a decentralised organisation or in case of a government department by person with a designation not lower than that of a deputy director.
- Section J must contain the official date stamp of the organisation or department to be valid. In the case where an organisation does not have an official stamp the allocated space must be signed by another party other than the two parties who signed the declaration.
- No application for the registration of a social auxiliary worker will be considered without all fields in Section J been completed and it being signed as required.

J. UNDERTAKING FROM EMPLOYER OF THE SOCIAL AUXILIARY WORKER

I, full names and surname of person designated by the employing organisation

designated by name of employing organisation

hereby declare and confirm that full names and surname of social auxiliary worker

with ID number

- is in employ of our organisation/department as a *social auxiliary worker* and will work under the direct supervision and guidance of a social worker registered with the SACSSP and that the social worker supervising the *social auxiliary worker* is aware of the fact that he/she is legally co-responsible for the acts of the *social auxiliary worker* when performing his/her duties as *social auxiliary worker*.
- the name of the social worker supervising the social auxiliary worker will be inserted into the file of the social auxiliary worker and if there is a change the file will be updated without delay.
- we understand and undertake that in the case where our organisation does not have a registered social worker in our employ, that we are obliged to find and contract at the cost of the organisation a registered social worker to supervise the *social auxiliary worker*.
- we understand that if the *social auxiliary worker* is not working under the supervision of a registered social worker, he or she is contradicting the provisions of the Social Service Professions Act 110 of 1978 and the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) and that our organisation as employer will be equally liable for any legal actions that may be instituted.

Street address*

Town*_R Postal code

Telephone -

Email (write clearly)

Fax number -

Details of social worker will be supervising the social auxiliary worker (must be provided)

Name and surname

SACSSP Registration number 1 0 - Years experience

Email* (write clearly)

Mobile / Cel number*

Telephone (work)* -

Signature: Supervising social worker

Date

Declaration by employer

We declare that the information furnished is true and correct in all respects and that we understand the content of this undertaking. We are unaware of anything which would serve as an impediment to the registration of the social auxiliary worker mentioned in this section.

Signed at place on day of month 20 year

Signature: Person designated by employer

Initials and surname

Signature: CEO/ Director / Head of Office

Initials and surname

ORIGINAL OFFICIAL DATE
STAMP OF ORGANISATION/
DEPARTMENT

INSTRUCTIONS:

SECTION K: Declaration

- Read **all parts** of the declaration in *Section K* carefully.
- Sign FORM R.1.SW.2 and append the date of completion in the provided spaces.
- Complete the check list below **before** you submit the application.

FINAL CHECK LIST FOR APPLICANT:

Before submitting your application check the following:

- FORM R.1.SW.2 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section J* is completed and signed
- FORM R.2.SW.1 is signed on page 7 (*Section K*)

Attachments

- Proof of payments (*see Section H-1*)
- Certificated copy of ID (*see Section H-2*)
- Proof of marital status - if applicable (*see Section H-3*)
- Certified copy of highest school qualification (*see Section H-4.1*)
- Certified copies of qualifications (*see Sections H-4.2 & H-4.3*)
- Proof of subjects - original (*see Section H-4.4*)
- Proof of previous registration as student social auxiliary worker with the SACSSP (*see H-6*)

IMPORTANT

Incomplete applications cannot be processed and will be referred back to the applicant. This will cause an unnecessary delay in the processing and finalisation of your registration.

An additional fee will apply for incomplete applications that were referred back upon the resubmission of such an application.

K. DECLARATION

I, **the undersigned**, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to my registration as a social auxiliary worker in terms of section 18 of the Social Service Professions Act 110 of 1978.

Furthermore, I, *the undersigned*, -

(a) *understand* that I may only practise as a social auxiliary worker and use the title *social auxiliary worker*, subject to being registered as a social auxiliary worker with the South African Council for Social Service Professions as contemplated in sections 15 and 18 of the Act and upon entry of my name into the *Register for Social Auxiliary Workers* as contemplated in section 19 of the Act;

(b) *understand*, as contemplated in section 15(1) of the Act, that no person may practise as a social auxiliary worker or pretend to be a social auxiliary worker if he or she is not registered as a social auxiliary worker under this Act. Any person who contravenes any provision of section 15(1), shall be guilty of an offence and on conviction be liable to a fine, or to imprisonment for a period not exceeding six months as contemplated in section 16 of the Act;

(c) *understand* that I am required by law to work under the direct supervision and guidance of a registered social worker as contemplated in the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011);

(d) *may only*, in terms of the Act, practise as a social auxiliary worker subject to the payment of my annual fees as prescribed on or before 1 January of every year. Failure to pay such fee or any other fee within three months after the due date will result in my name being removed from the *Register for Social Auxiliary Workers* in accordance with section 20(1)(d) of the Act;

(e) *understand* that it is my responsibility to keep my particulars in the *Register for Social Auxiliary Workers* up to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed in the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) (regulation 13) within three months of any name change with supporting evidence and within six weeks of any change in my residential or postal address or other contact details as indicated in this form as to enable the Registrar to update my details in the *Register for Social Auxiliary Workers* as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (This to be done through FORM-RR.1);

(f) *studied* the provisions of the Social Service Professions Act 110 of 1978, the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) and other relevant Regulations (available from the Government Printers or can be downloaded at www.sacssp.co.za); and

(g) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the *Register for Social Auxiliary Workers* kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information not already available to the public from the Register), i.e. postal address³ and email address, may be made available to accredited/approved researchers/students registered with a recognised higher education institution under such conditions as Council may impose to prevent the misuse of such information. I do understand that notwithstanding the aforementioned, that I may opt out by informing the Registrar in writing that the aforementioned additional personal details may not be made available to anyone for the purpose of research.

Signed at _____ place on _____ day of _____ month 20____ year

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

The Registrar
SACSSP
Private Bag X12
Gezina
Pretoria
0031

OR

by courier to:

The Registrar
SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

³ Only if postal address is not a residential/ street address

FOR OFFICE USE ONLY

Do not complete

INTERNAL CHECK LIST

- Applicant informed about outcome on _____ (date)
- Application and supporting documents filed on applicant's file
- Applicant's details updated on the *Register for Social Auxiliary Workers* against his or her name
- Registration certificate issued, if approved
- Registration card issued, if approved
- If applicant indicated an *opt out* in terms of *Section K(g)* it is recorded on the Register against applicant's name.

Registration number allocated, if approved

5 0 - _____

INTERNAL REVIEW

Name & Surname

Signature

Date

Application is (mark with X)

APPROVED

INCOMPLETE and is referred back to the applicant to provide the missing information.

DECLINED and the reasons for the decision provided to the applicant.

COMMENTS:
