



# SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

## APPLICATION FOR REGISTRATION SPECIALITY IN SOCIAL WORK

To be completed by a registered social worker applying to register for a speciality in social work with the SACSSP as contemplated in section section 17C(1) of the Social Service Professions Act 110 of 1978 and the relevant regulations related to the registration of specialities in social work

SACSSP  
37 Annie Botha Avenue  
Riviera,  
Pretoria  
0084

SACSSP  
Private Bag X12  
Gezina  
Pretoria  
0031

ENQUIRIES:  
Email: [regtemp7@sacssp.co.za](mailto:regtemp7@sacssp.co.za)

Telephone: (012) 356 8300

[www.sacssp.gov.za](http://www.sacssp.gov.za)

### GENERAL INSTRUCTIONS:

- FORM R.4.SW.1 needs to be completed by a social worker **who registers for the FIRST time a SPECIALITY in social work** in terms of section 17C(1) of the Social Service Professions Act 110 of 1978.
- FORM R.4.SW.1 must be completed **personally by the applicant** - in print or typed.
- Please study the applicable **Regulations** pertaining to the registration of a speciality in social work **before** completing this form.
- Study FORM R.4.SW.1 carefully before completing it.
- Read the instructions with each section and answer all questions fully, clearly and correctly.
- Fields that do not apply to you must be clearly deleted. *Draw a line through such field.*
- If you have to make any corrections to your answers - *initial* next to the correction made in the right margin.
- Incomplete and/or non-compliant applications **will not be processed** and will be referred back to the applicant. Therefore, make sure that the application is completed correctly and submitted with *all the required supporting documents*.
- See **Section F** for the documents that must accompany FORM R.4.SW.1.
- Complete the **checklist** at the end of FORM R.4.SW.1 before you submit it.
- Print and return this original FORM R.4.SW.1 to the SACSSP by registered mail or courier mail services for ease of tracking. *Address is on page 6.*
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with an **R** will be visible to the public.

### INSTRUCTIONS

**Registration number**  
Must be completed by all applicants.

#### SECTION A: Personal Particulars

• ALL fields in *Section A* marked with an **R** must be completed.

#### SECTION B: Contact details

• ALL fields in *Section B* marked with an **R** must be completed.

SACSSP Registration as social worker

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### A. PERSONAL PARTICULARS

Title\*<sub>R</sub> (mark ONE only with **X**) Prof  Dr  Rev  Mr  Mrs  Ms  Miss

First names\*<sub>R</sub> (as on ID)

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Maiden name\* (if applicable)

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Surname\*<sub>R</sub> (as on ID)

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Passport No<sup>1</sup> (if applicable)

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Date of birth\* (YYYY/MM/DD)

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Gender<sup>2</sup>\*<sub>R</sub> (mark with **X**) Male  Female

Home language

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Marital status<sup>2</sup>\* (mark with **X**) Never married  Married  Divorced  Widow  Widower

Population group<sup>2</sup> (mark with **X**) African  Coloured  Indian  White  Other

Disability<sup>2</sup> (mark with **X**) Yes  No  If YES, specify

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### B. CONTACT DETAILS

Postal address\*

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Postal code

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Residential address\*

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Town\*<sub>R</sub>

Postal code

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Province\*<sub>R</sub> (mark with **X** in block)

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Email\* (write clearly)

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Telephone (work)\*

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Telephone (home)

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Fax number

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<sup>1</sup> Only complete if you do not have an ID number

<sup>2</sup> Information for equity and statistical purposes

Proceed to SECTION C on the next page

**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.4.SW.1).

**SECTION C-2: 3 + 1 Qualification**

- Only complete *if applicable* by persons with a 3 + 1 qualification.
- **NB:** A certified copy of documentary proof of the qualification indicated in *Section C-2* must be attached to this application (FORM R.4.SW.1).

**SECTION C-3: Advanced qualifications**

- Only to be completed *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.4.SW.1).

**SECTION C-4: Other qualifications**

- Only to be completed *if applicable*.
- **NB:** Certified copies of documentary proof of the qualifications in *Section C-5* must be attached to this application (FORM R.4.SW.1) in order to be entered into the Register.

**SECTION D-1: Registration History**

- **Must be completed** by all applicants.

**SECTION D-2: Specialities**

- **Must be completed** by all applicants.
- Please consult the relevant Regulations pertaining to the speciality in social work that you apply for.
- A *separate application* form (FORM R.4.SW.1) must be completed for each speciality in social work that you register for.

**C. ACADEMIC PARTICULARS**

**C-1. Information on your first qualification in social work**

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

Name of Institution<sub>R</sub>

Contact person

Telephone (work)  -

Country (*If not in South Africa*)

**Academic information of applicant\*** (*mark with x*)

Qualification Degree  Diploma  SW Certificate (NDP)

Duration of course 2 years  3 years  4 years

Name of qualification<sub>R</sub>  e.g. BSW

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  3 years

Name of qualification<sub>R</sub>

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

-   -

**C-3. Academic particulars of advanced qualification(s) in social work**

|   | Qualification <sub>R</sub> | Training institution <sub>R</sub> | Date conferred       |
|---|----------------------------|-----------------------------------|----------------------|
| 1 | <input type="text"/>       | <input type="text"/>              | <input type="text"/> |
| 2 | <input type="text"/>       | <input type="text"/>              | <input type="text"/> |
| 3 | <input type="text"/>       | <input type="text"/>              | <input type="text"/> |

**C-4. Academic particulars of advanced (post-registration) qualification(s) in other fields of study which you possess**

|   | Qualification        | Training institution | Date conferred       |
|---|----------------------|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**D. SPECIALITY IN SOCIAL WORK**

**D-1. Have you previously applied to register for speciality in social work?**

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

**D-2. I am applying to register for the following speciality in social work?** (*mark with x*)

Adoption social work  Occupation social work  Social work in probation services

Forensic social work  Clinical social work  Social work in health care<sup>3</sup>

School social work<sup>3</sup>  Social work supervision<sup>3</sup>

<sup>3</sup> Please note that Regulations for these specialities have not been approved yet and applications for these are not being accepted.

**INSTRUCTIONS:**

**SECTION D-3: Requirements**

- Must be completed by all applicants.
- Please consult the relevant Regulations pertaining to the requirements to register for a speciality in social work.
- Mark only ONE appropriate option. The required documentary proof that supports the option you mark must accompany this application.

**SECTION D-4: Portfolio of evidence**

- Must be provided by all applicants.
- Please read the requirements for the portfolio of evidence.
- Applications without a portfolio of evidence or with an incomplete portfolio of evidence will not be considered and will be returned to the applicant.
- Applicants who require to have their portfolio of evidence returned shall be held liable for postal or courier cost.

**CHECK LIST for Portfolio of Evidence:**

Use this additional check list to make sure that your portfolio of evidence is complete:

- Proof of registration as social worker
- Certified copies of qualifications & motivation on relevance qualification to the speciality
- Narrative description of experience
- Summary table of work experience
- Letter confirming relevant work experience
- All Annexures are correctly marked.

**SECTION E-1: Employment status**

Must be completed by all applicants.

**SECTION E-2: Current employment**

Must be completed by all applicants, **EXCEPT persons** who are unemployed or retired.

**D-3. Requirements to register for a speciality in social work** (mark **ONE** only with **X**)

Indicate the category of requirements that you meet as contemplated in Regulation 2(2)(c) of the applicable Regulations

- D-3.1 Master's degree in social work appropriate to the speciality indicated in *Section D.2*, plus two years of relevant evidence based practical knowledge and experience within the scope of this speciality in social work
- D-3.2 Post graduate certificate or diploma appropriate to the speciality indicated in *Section D.2*, plus three years of relevant evidence based practical knowledge and experience within the scope of this speciality in social work
- D-3.3 Bachelor's degree in social work, plus the completion of accredited short course in the speciality indicated in *Section D.2*, recognised and approved by Council on recommendation of the Professional Board for Social Work, with four years of relevant evidence based practical knowledge and experience within the scope of this speciality in social work.
- D-3.4 Bachelor's degree in social work, with five years of relevant evidence based practical knowledge and experience within the scope of this speciality in social work indicated in *Section D.2*.
- D-3.5 An examination as contemplated in section 17C(2A)(a) of the Act for the speciality indicated in *Section D.2*.

**D-4. Portfolio of evidence to accompany the application**

The portfolio of evidence must contain the following documents in the order as indicated below:

- D-4.a **Proof of registration**  
Proof of your current registration as a social worker with Council. Attached as Annexure and mark as **D4.1.a**.
- D-4.b **Qualification(s)**  
A certified copy of relevant post graduate qualification(s) (including accredited short courses, certificates, diplomas or degrees) applicable to the speciality in social work indicated in *Section D.2*, if applicable. Please include a motivation regarding the appropriateness or relevance these qualifications to the speciality in social work indicated in *Section D.2* must be added. Attached as Annexure and mark as **D4.b**.
- D-4.c **Narrative of work experience**  
A narrative of two to three pages (typed) of your work experience, showing how this experience is relevant or appropriate to the speciality in social work indicated in *Section D.2* for which registration is being requested. Attached as Annexure and mark as **D4.c**.
- D-4.d **Summary table of work experience**  
A description of relevant or appropriate work experience in table format with columns indicating (a) site or place of work, (b) years or months of relevant work and (c) nature of work to show relevance or appropriateness to the field of the speciality in social work indicated in *Section D.2*. At the end of the table, the total years of work experience must be calculated and stated. Attached as Annexure and mark as **D4.1.d**.
- D-4.e **Letter confirming relevant work experience**  
A signed letter from the supervisor, relevant consultant or manager confirming years of experience in the area of the speciality in social work indicated in *Section D.2*. Attached as Annexure and mark as **D4.1.e**.

Please keep a copy of your portfolio of evidence for your own records.

**E. EMPLOYMENT PARTICULARS**

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

Full time employed  Part-time employed  Self-employed  Unemployed

Retired<sub>R</sub>  Other  (specify)

**E-2. Current employment** (if applicable)

Name of employer\*<sub>R</sub>

Street address\*

Town\*<sub>R</sub>  Postal code

Postal address\* (if different)  Postal code

Telephone  -

Email (write clearly)

SECTION E continues on the next page

**INSTRUCTIONS:**  
**SECTION E-2: Current employment**  
 See previous page for instructions

**E-2. Current employment** (continue from page 3)

Fax number    -

Date started with present employer\*     -   -

Post/designation\*  e.g. social worker

Nature of employer (mark ONE only with **x**):

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

**SECTION F: Documentary proof**  
 • Read this part carefully as it will guide you on the documents that must accompany your application (FORM: R.4.SW.1).  
 • Please number each Annexure

**F. DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION**

This application **must be accompanied** by the following documents to be regarded as a complete and valid application:

- F-1 Proof of payment** (see Section I)  
 Proof of payment to the value of the following prescribed fees in South African Rand must be attached:  
 a. Assessment and moderation fee; and  
 b. Proof of payment of the prescribed annual fee as social worker (not speciality)  
**IMPORTANT:** If the applicant's application is successful, he or she will be informed to pay the required registration fee for a speciality in social work as well as the annual fee for the speciality in social work; and only after these fees have been paid the speciality will be entered against his or her name on the *Register for Social Workers*, which will allow him or her to practise the registered speciality in social work.  
**Note 1:** Prescribed annual fees as social worker must be paid annually, whether a person is registered for a speciality in social work or not. The annual fee for a speciality is an *additional annual fee* payable per speciality in social work.  
**Note 2:** Fees for professional board examinations are only payable when notice about the examination is received.
- F-2 Proof of identity** (see Section A)  
 A certified copy of your identity document (ID) or passport or residence permit indicating your:  
 a. full names and surname;  
 b. date of birth or age; and  
 c. identity number/passport number acceptable to the SACSSP
- F-3 Proof of qualifications (RSA)**  
 A certified copies of documentary proof of the qualification(s) in social work on the basis of which you apply for registration as indicated in Sections C-1, C-2, C-3 and C-4 as well as D-4.b.
- F-4 Portfolio of evidence**  
 See Section D-4 for the requirements.

Please keep a copy of this form and all the supporting documents for your own records.

**SECTION G: Bank details**  
 • See Section F-1 on fees payable  
 • **ALWAYS use your registration number as DEPOSIT REFERENCE.** If not available, in exceptionally cases, use ID number or passport number.  
 • The reference number is the only way in which your payment can be traced in Council bank account.  
 • **Keep a copy** of your proof of payment for your own records.

**G. FEES PAYABLE & BANKING DETAILS**

Please consult the *Regulations relating to the fees payable by social workers, child and youth care workers, social auxiliary workers, auxiliary child and youth care workers, student social workers and student child and youth care workers* made under the Social Service Professions Act 110 of 1978 to ascertain the applicable fee on the date of application for registration of a speciality in social work. These Regulations are available on Councils website [www.sacssp.co.za](http://www.sacssp.co.za)

Fees are to be paid into the bank account of the SACSSP

|                        |  |
|------------------------|--|
| <b>Account name:</b>   | SACSSP   |
| <b>Bank:</b>           | NEDBANK  |
| <b>Account number:</b> | 1190739410   |
| <b>Branch:</b>         | MENLYN MAINE   |
| <b>Branch Code:</b>    | 198765   |
| <b>Reference:</b>      | A reference number must be provided for every deposit. |

**IMPORTANT**  
 Proof of the required payment(s) must accompany this application

**INSTRUCTIONS:**

**SECTION H: Declaration**

- Read **all parts** of the declaration in *Section H* carefully.
- Sign FORM R.4.SW.1 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.4.SW.1 is completed correctly
- All applicable fields and pages are completed and I have double checked
- FORM R.4.SW.1 is signed on page 5 (*Part H*)

**Attachments**

- Proof of payments (*see Section F-1*)
- Certificated copy of ID (*see Section F-2*)
- Certified copies of qualifications (*see Section F.3*)
- Portfolio of evidence (*see Section D-4 & F-4*)

**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.

**H. 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 for the speciality in social work as indicated in *Section D-2* of this application form.

Furthermore, I, the undersigned, -

(a) *understand* that I may only practise the speciality in social work that I am applying for and use the title associated this speciality in social work, subject to approval of my application and the payment of the required registration fee for this speciality.

(b) *understand*, as contemplated in section 17C(5) of the Act, that no person may practise as a specialist or pretend to be such a specialist, or shall in any other manner profess to be a person in respect of whom a speciality has been registered, unless such person has been registered for the specific speciality and it has been entered against his or her name into the *Register for Social Workers* the terms of section 17C(2A)(c) of the Act;

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

(d) *understand* that it is my responsibility to keep my particulars in the *Register for Social 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 regarding the registration of social workers (regulation 9) 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 Workers* as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (*This to be done through FORM-RR.1*);

(e) *studied* the provisions of the Social Service Professions Act 110 of 1978, the Regulations regarding the registration of the speciality in social work that I am applying for and other relevant Regulations (available from the Government Printers or can be downloaded at www.sacssp.co.za); and

(f) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the *Register for Social 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 address<sup>4</sup> 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 afore-mentioned, 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  on  of  20

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

<sup>4</sup> Only if postal address is not a residential/ street address

**FOR OFFICE USE ONLY**

*Do not complete*

**INSTRUCTIONS:**

**INTERNAL CHECK LIST 1:**

- Receipt acknowledged on ..... Date
- Application is complete
- Proof of required payments
- Payment reflects in SACSSP bank account
- Portfolio of evidence is complete or
- Professional Board examination requested
- Proof of registration as social worker with the SACSSP
- Certificated copy of ID
- Certified copies of qualifications indicated in Sections C-1, C-2, C-3 and/or C-4
- Certified copies of qualifications indicated in Section D-4.b, if different from above.
- Application form is signed and dated

**SECTION J**

- Applications are only assessed if all the required fees have been paid and proof of payment is provided.
- If the provided space is not sufficient, please add an additional folio clearly marked J-1 or J-2 or J-3.

**APPROVED APPLICATIONS**

- The applicant is informed in writing after the Registrar has reviewed the application and confirmed the approval.
- The applicant to be informed that he or she needs to pay the prescribed registration fee for the speciality in social work as well as the annual fee for the speciality in social work; and only after these fees have been paid, the speciality will be entered against his or her name on the Register for Social Workers, which will allow him or her to practise the registered speciality in social work.

**INTERNAL CHECK LIST-2**

**PROFESSIONAL BOARD EXAMINATION** (if applicable)

- Professional Board examination Date: ..... Time: ..... Venue: .....
- Applicant informed about Professional Board examination on .....(date)
- Fees for Professional Board examination paid on .....(date)
- Applicant sat for the Professional Board examination on .....(date)
- Applicant informed about results of the Professional Board examination on .....(date)

**FOR ALL APPLICATIONS**

- Applicant informed about outcome on .....(date)
- Applicant informed about the registration and annual fees payable for the registration of the speciality in social work, if approved
- Application and supporting documents filed on applicant's file
- Applicant's details updated on the Register for Social Workers against the name of the applicant and, if approved, and speciality in social work entered against the name of the applicant
- Registration certificate for the speciality in social work issued, if approved and the final fees are paid
- Registration card for the speciality in social work issued, if approved and the final fees are paid
- If applicant indicated an *opt out* in terms of Section H(f) record on the Register against applicant's name.
- If applicant requested that the portfolio of evidence be returned - it is returned, subject to payment of associated cost by applicant.

**INCOMPLETE APPLICATIONS**

- Incomplete applications are referred back to the applicant with an indication of parts that are not completed and that the application can be resubmitted subject to the payment of an *additional administrative fee*.
- Incomplete applications are not referred to the Registrar for final review.

**DECLINED APPLICATIONS**

- The applicant is informed in writing after the declined application was reviewed by the Registrar.

**I. ASSESSMENT AND MODERATION SUMMARY**

**J-1: Comments from REGISTRATION OFFICER**

\_\_\_\_\_

Name & Surname

\_\_\_\_\_

Signature Date

COMMENTS:  
*must be provided*

\_\_\_\_\_

Recommendation (mark with X)

- APPROVED**
- INCOMPLETE** and is referred back to the applicant to provide the missing information.
- DECLINED** and the reasons for the decision indicated above
- PROFESSIONAL BOARD EXAMINATION<sup>5</sup>** as contemplated in section 17C(2A)(a) of the Act for the speciality indicated in D-2

**J-2: Review by REGISTRATION MANAGER**

Review outcome (mark with X)

- APPROVED** recommendation endorsed
- INCOMPLETE** - verified - the application is incomplete and needs to be returned to the applicant
- DECLINED** - verified and agree with the reasons for the decision.
- PROFESSIONAL BOARD EXAMINATION<sup>5</sup>** as contemplated in section 17C(2A)(a) of the Act for the speciality indicated in D-2

*In the case where the outcome of the review differs from the initial assessment in Section J-1, the reasons need to be indicated in the comments space below*

\_\_\_\_\_

Name & Surname

\_\_\_\_\_

Signature Date

COMMENTS:

\_\_\_\_\_

**J-3: Final review by REGISTRAR**

Final decision by Registrar (mark with X)

- APPROVED**
- INCOMPLETE** - verified - the application is incomplete and needs to be returned to the applicant
- DECLINED** - verified and agree with the reasons for the decision. The reasons for the decision to be provided to the applicant.
- PROFESSIONAL BOARD EXAMINATION<sup>5</sup>** as contemplated in section 17C(2A)(a) of the Act for the speciality indicated in D-2
- OTHER** (specify) \_\_\_\_\_

*In the case where the outcome of the final review differs from the initial assessment in Section J-2, the reasons need to be indicated in the comments space below*

\_\_\_\_\_

Name & Surname (Registrar)

\_\_\_\_\_

Signature Date

COMMENTS:

\_\_\_\_\_

<sup>5</sup> In the case of a PROFESSIONAL BOARD EXAMINATION, the applicant shall be informed of the dates and times for the examination together with all other relevant information pertaining to the preparations for this examination

Registration number

1 0 - \_\_\_\_\_