

## SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

# **APPLICATION FOR REGISTRATION**

# CHILD AND YOUTH CARE WORKER (professional category)

To be completed by persons registering for the *first time* and/ or who are newly qualified as a *child and youth care worker within the professional Category of registration* as contemplated in section 18A of the Social Service Professions Act 110 of 1978 and regulation 16 of the *Regulations for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers* (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014)

SACSSP 37 Annie Botha Avenue		SACSSP Registration as st	udent	child a	& you	uth c				2	0	-						
Riviera, Pretoria		A. PERSONAL PA	RTIC	ULAI	RS			Only ap	plicable	to gradi	uates re	gistering	g for the	e first tim	e as a ch	nild and y	outh ca	ire worke
0084		$Title_{R}^{*} (mark \text{ one } only with \textbf{x})$	Prof	Dr		Rev		Mr		Mrs		Ms		Miss				
SACSSP Private Bag X12 Gezina Pretoria 0031		First names* <sub>R</sub> (as on ID)																
ENQUIRIES: Email: regtemp7@sacssp	.co.za	Maiden name* (if applicable)																┥
Telephone: (012) 356 830	00																	
www.sacssp.gov.za		Surname* (as on ID)															_	_
GENERAL INSTRUCT 1. FORM R.1.CYC.1 needs to by a person who registers time as child and youth c within the professional c: registration with the SAC of section 18A of the Social	be completed for the FIRST are worker ategory of SSP in terms	ID number* Passport No <sup>1</sup> (if applicable)								Co	untr	y of	orig	jin [				
Professions Act 110 of 197	3.	Date of birth* (YYYY/MM/DD)	У	У	У	У	-	m	m	-		d	d					
<ol> <li>Child and youth care worke for the first time as a child a worker with the SACSSP a obtained their basic qualific</li> </ol>	nd youth care nd <u>who have</u> ation outside of	$Gender^{2*}_{R}$ (mark with <b>x</b> )	Male		Fem	ale		Ho	ome	lang	gua	ge						
the Republic of South Africa FORM: R.6.CYC.1.		Marital status <sup>2*</sup> (mark with x)	Never married	i	Mari	ried		Divor	rced		Wic	low		Wido	ower			
<ol> <li>FORM R.1.CYC.1 must be personally by the applica typed.</li> </ol>		Population group <sup>2</sup> (mark with <b>x</b>	) African		Color	ured		Indi	ian		Wh	nite		Oth	ner			
<ol> <li>Study FORM R.1.CYC.1 ca completing it.</li> </ol>	refully before	Disability <sup>2</sup> (mark with <b>x</b> )	Yes	No		lf Y	ES,	speci	ify									
<ol> <li>Read the instructions with e and answer all questions fu correctly.</li> </ol>		B. CONTACT DET	AILS															
<ol> <li>Fields that do not apply to y clearly deleted. Draw a line field.</li> </ol>		Postal address*		_														_
<ol> <li>If you have to make any co answers - <i>initial</i> next to the in the right margin.</li> </ol>																		
<ol> <li>Incomplete and/or non-com applications will not be pro- be refered back to the appli- make sure that the applicat correctly and submitted with supporting documents.</li> </ol>	cessed and will cant. Therefore, ion is completed	Residential address*									Po	ostal		de				
9. See Section H for the doct accompany FORM R.1.CY																	_	-
10.Complete the <b>checklist</b> at FORM R.1.CYC.1 before y		<b>T</b> *															_	_
11. Print and return this origina R.1.CYC.1 to the SACSSP mail or courier mail service tracking. Address is on page	by registered s for ease of	Town* <sub>R</sub>									Po	ostal		de				
12. Council is required to keep persons registered in terms the Act and the fields mark visible to the public.	a Register of of section 19 of	Province* <sub>R</sub> (mark with <b>x</b> in block)	EC	FS	GA	ΚZ	LP		/IP	NW	NC	> V	vc					
INSTRUCTIONS		Email* (write clearly)																
Registration number <u>Must be completed</u> by all appli registration number with the So	ACSSP that was	Mobile / Cel number*																
allocated to you as a student c care worker.		Telephone (work)*				•												
• ALL fields in Section A mark must be completed.		Telephone (home)			-	•												
• ALL fields in Section B mark	ked with an *	Fax number				•												
must be completed		<sup>1</sup> Only complete if you do not have an ID number				2	Informa	tion for e	equity a	nd statis	tical pu	rposes						

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

### ACADEMIC PARTICULARS C. **INSTRUCTIONS:** Please ensure that you complete the correct section: Section C-1: Persons with a basic C-1a. Information on your first qualification (pre-registration) in child & youth care work qualification in child and youth care Particulars of training institution (University, college, etc) work within the professional category of registration Section C-2: Persons with a basic Name of Institution, qualification in humanities as contemplated in regulation 16(1)(c) of the *Regulations for* child and youth care workers, auxiliary child Contact person and youth care workers and student child and youth care workers Telephone (work) SECTION C-1a: First qualification <u>Must be completed</u> by all applicants. **NB**: A certified copy of documentary proof Country (If not in South Africa) of the qualification indicated in Section C-1a must be attached to this application Academic information of applicant\* (mark with x) (FORM R.1.CYC.1). NHC Child & Youth Care Qualification Degree Diploma Duration of course 2 years 3 years 4 years e.g. B. Tech (CYCW) Name of qualification, Date on which you initially registered as a student for this qualification Date on which this qualification was/will be conferred upon you: C-1b. NQF level - indicate the NQF level of the abovementioned qualification SECTION C-1b: NQF <u>Must be completed</u> by all applicants. Attach completed Portfolio of Evidence NQF level 6 NQF level 7 NQF level 8 (PoE) assessment at level 8, if your qualification is at NQF level 6 or 7. Post graduate or advanced qualifications in child and youth care work need to be indicated in section C-3 SECTION C-1c: Subjects C-1c. Subjects related to above qualification (COMPULSARY to complete by all applicants) Must be completed by all applicants. Write name of each subject per academic year in the appropriate space plus the subject code of each (the latter are Name of subject or module Subject code allocated by the training institution and can be found on your academic record or in 1. the Academic Year Book of the Institution. If you need additional space (more than 5 subjects), please add a page to FORM R.1.CYC.1 and mark it clearly (on top of the page) "SECTION C-1c" with an indication of the academic year. 2. YEAR 3. 4. institution in which an indication is given of ALL the subjects you have passed 5. 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 1. Register 2. YEAR 2 3. 4 5. 1. 2. 3 YEAR : 3. 4 5.

- IMPORTANT: Original (not copy) of documentary proof issued by the training

## South African Council for Social Service Professions

## FORM R.1.CYC.1

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

INSTRUCTIONS: SECTION C-1c: Subjects		1.		
See previous page	4	2.		
	YEAR 4	3.		
	7	4.		
		5.		
			· · · · · · · · · · · · · · · · · · ·	
SECTION C-2a: Qualification in humanities • <u>Must be completed</u> by applicants.				e regulation 16(1)(c)
with a qualification in humanities e.g. Bachelor of Arts with sociology/	Par	ticula	rs of training institution (University, college, etc)	
psychology/development studies/elective modules related to humanities (see as contemplated in regulation 16(1)(c) of	Nan	ne of	Institution <sub>R</sub>	
the Regulations for child and youth care workers, auxiliary child and youth care	Con	tact	person	
<ul><li>workers and student child and youth care workers).</li><li>NB: A certified copy of documentary proof</li></ul>	Tele	phor	e (work)	
of the qualification indicated in Section C-1a must be attached to this application	Cou	Intry	If not in South Africa)	
(FORM R.1.CYC.1).	Aca	dem	ic information of applicant* (mark with x)	
		lifica		IHC Child & Youth Care
			of course 2 years 3 years	4 years
	Nan	ne of	qualification <sub>R</sub>	
	Date	e on	which you initially registered as a student for this qualification	ı
	У	У	y y m m d d	
	Date	e on '	which this qualification was/will be conferred upon you:	
	У	У	y y m m d d	
SECTION C-2b: Subjects	C-2	2b. S		y all applicants)
<ul> <li><u>Must be completed</u> by applicants.</li> <li>Write name of each subject per academic</li> </ul>			Name of subject or module	Subject code
year in the appropriate space plus the subject code of each (the latter are allocated by the training institution and can		1		
be found on your academic record or in the Academic Year Book of the Institution.		1.		
<ul> <li>If you need additional space (more than 5 subjects), please add a page to FORM R.1.CYC.1 and mark it clearly (on top</li> </ul>	5	2.		
of the page) "SECTION C-2b" with an indication of the academic year.	YEAR 1	3.		
IMPORTANT: Original (not copy) of documentary proof issued by the training	~	4.		
institution in which an indication is given of ALL the subjects you have passed during all four years of study and the		5.		
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		1.		
Register.	2	2.		
	YEAR 2	3.		
	١۲	4.		
		5.		
	••••••	••••••		
		1.		
	~	2.		
	LR 3	3.		
	AR	5.		
	YEAR 3	J. 4.		
	YEAR			

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

			-	
INSTRUCTIONS:	1.			
SECTION C-2b: Subjects <ul> <li>See previous page.</li> </ul>	2.			
	.EAR 4			
	4.			
	5.			
• Only complete if applicable.	C-3. Academic particu	lars of advanced qua	alification(s) in chil	d and youth care work
<ul> <li>Date conferred refers to date when qualification was conferred upon you by the training institution.</li> </ul>	Qualification	י <sub>R</sub> -	Training institution <sub>R</sub>	Date conferred
<ul> <li>NB: Certified copies of documentary proof of the qualifications in Section C-3 must</li> </ul>	1			
be attached to this application (FORM R.1.CYC.1).	2			
	3			
<ul> <li>SECTION C-4: Other qualifications</li> <li>Only to be completed if applicable.</li> <li>NB: Certified copies of documentary proof of the qualifications in Section C-4 must</li> </ul>	C-4. Academic particul fields of study which ye	ars of advanced (pos ou possess	st-registration) qua	alification(s) in other
be attached to this application (FORM R.1.CYC.1 in order to be entered into the	Qualificatio	n	Training institution	Date conferred
Register.	1			
	2			
	NOTE TO APPLICANTS WHO COMPLI			
	If your qualification was not conferred u		ne time of this application, you may	y ask them to complete Section D.
SECTION D: Higher Education Institutions		TED BY THE UNI		
<ul> <li>This section only applies if a qualification has <u>not yet been conferred upon you</u> and must be completed and signed by</li> </ul>	This part should only be co	mpleted where the applic	cant is a student in his	s or her final year
a person acting on the authority of the training institution, certifying that the	Name of Institution			
qualification will be conferred upon you and on what date.	It is hereby certified that	full names and surname of student		
<ul> <li>This part <b>must</b> contain the <u>official date</u> <u>stamp</u> of the institution to be valid.</li> <li>The applicant <u>may not complete</u> this part.</li> </ul>	complied with all the req	uirements for the Dear	ree/Diploma/Certific	ate
		0	•	of this institution
	day		month	
	on of		20	month year
	to be issued at a gradua		of	20
	We recommend him/her professional category of			e worker (within the
	professional sategory of			
	Signature: Head of D	epartment/School	Date	ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION
				STAMP OF INSTITUTION
	Signatura: Doop or dooigna	tod foculty administrator		
	Signature: Dean or designa	led faculty administrator	Date	
	The completion of the Sec	ction D does not exempt the a	applicant from the requirer	ments indicated in section H-4

## FORM R.1.CYC.1

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

	E. GENERAL								
SECTION E: General <ul> <li>Must be completed by all applicants.</li> </ul>	All of the following questions m	ust be ans	swered (mark wit	th <b>X</b> )					
<ul> <li>Answer all questions honestly.</li> <li>If you need additional space, please add a page to FORM R.1.CYC.1 and mark it clearly (on top of the page) "SECTION E"</li> </ul>	1. Have you ever been found guilty of unprofessional or improper conduct by the YES NO SACSSP? If YES, complete the rest (mark with X in applicable block)								
with the number of the question.	1.1 - were you reprimanded or cautioned?	YN	1.2 - was your	registration suspe	nded?	Y	N		
	1.3 - was your registration cancelled?	Y N	1.4 - was the ir	nposition of a pen	alty postpone	d? Y	N		
	1.5 - was the execution of your penalty suspended?	YN							
	<ol> <li>Have you ever been found guilty of an or nature of the offence of which you were convicted passed:</li> </ol>				'ES	NO			
	Nature of offence	Year	Sentence						
	3. Are any legal steps pending against you	u at present? If	YES, specify what ste	eps below.	'ES	NO			
	Any person who apply to be registered as a child an Council such offence as stipulated in regulation 28 of	d youth care work f the <i>Regulations fo</i>	or child and youth care w	convicted of a crin workers, auxiliary c	hild and youth	care workers	s and		
PART-F-1: Registration History	student child and youth care workers (Government N F. REGISTRATION HIST			nineni Gazette No.	30133 0131 0	Clobel 2014	·)·		
<ul> <li><u>Must be completed</u> by all applicants.</li> <li>Final year students in child and youth care work need to indicate their registration</li> </ul>	F-1. Have you previously applie		tration with t	the SACSS	D2				
number as student child and youth care worker starting with <b>20-</b> in the appropriate		u ioi regis				vitn 🗙)			
area on the right.	YES NO If YES, what was the res	ult? (mark with <b>X</b>	) Approved	Declined	In	complete	•		
	If APPROVED, were you registered as: (mark with x)								
	Social worker	c	child & youth car	e worker					
	Social auxiliary worker	Auxiliary child & youth care worker							
	Student social worker	Student child & youth care worker							
	Student social auxiliary worker	Student auxiliary child & youth care worker							
	Indicate registration number (see Regi	ite)							
	G. EMPLOYMENT PARTIC	ULARS							
SECTION G-1: Employment status Must be completed by all applicants.	G-1. Mark ONE most appropriat	e option (m	ark <b>ONE</b> only with <b>X</b> )						
	Full time employed Part-time emplo	yed	Self-employed		Jnemployed				
	Retired <sub>R</sub> Final year stude	ent	Other' (specify)						
SECTION G-2: Current employment	G-2. Current employment (if applica	able)	J						
Must be completed by all applicants, EXCEPT persons who are unemployed or retired	Name of employer* <sub>R</sub>								
	Street address*								
	Town* <sub>R</sub>								

## South African Council for Social Service Professions

## FORM R.1.CYC.1

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

INSTRUCTIONS: SECTION G-2: Current employment • See previous page	Postal address*	(if different)       Image: Constraint of the second							
	Telephone								
	Email (write clearly)								
	Fax number								
	Date started with	n present employer*							
	Post/designatior	* e.g. child and youth care worker							
	Nature of employ	yer (mark ONE only with X):							
	National Government	Provincial Government Local Government Government entity							
	Industry	Private Practice Academia NPO or CBO							
	Other	If Other, specify							
SECTION G-3: Previous employment Must be completed by all applicants who had	G-3. Previous	employment							
a previous employer	Name of employ	er i i i i i i i i i i i i i i i i i i i							
	Address								
		Postal code							
	Post/designation	* e.g. child and youth care worker							
	Period of employ	/ment with PREVIOUS EMPLOYER*:							
	УУУ								
	Telephone								
	Email (write clearly)								
• Read this part carefully as it will guide you		ENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION							
on the documents that must accompany your application (FORM R.1.CYC.1).	This application must be accompanied by the following documents to be regarded as a complete and valid application:         H-1       Proof of payment (see Section I)								
Please number each Annexure	<ul> <li>Proof of payment to the value of the following prescribed fees in South African Rand:</li> <li>H-1.1 Registration fee as child and youth care worker within the professional category of registration; and</li> <li>H-1.2 Prescribed annual fee as child and youth care worker within the professional category of registration.</li> </ul>								
	<ul> <li>H-2 Proof of identity (see Section A)</li> <li>A certified copy of your identity document (ID) or passport or residence permit indicating your:         <ul> <li>a. full names and surname;</li> <li>b. date of birth or age; and</li> <li>c. identity number/passport number acceptable to the SACSSP</li> </ul> </li> </ul>								
	<ul> <li>H-3</li> <li>Proof of marital status (if married) (see Section A) A certified copy of the marriage certificate of a person who is married (should you wish to register in your married surname).</li> </ul>								
	<ul> <li>H-4 Proof of qualifications (RSA) (see Section C)</li> <li>H-4.1 A certified copy of documentary proof of the qualification(s) in child and youth care work (professional category) on the basis of which you</li> </ul>								
	<ul> <li>apply for registration. See Sections C-1a or C-2a.</li> <li>H-4.2 Original of documentary proof (<i>not a copy</i>) issued by the training institution in which an indication is given of –         <ul> <li>a. ALL the subjects you have passed during all four years of study and the duration of the course in each subject.</li> <li>b. ALL the subjects/modules credited or exempted having been obtained from another university of the learning programme over a study</li> </ul> </li> </ul>								
	H-4.3 A completed	four years. Portfolio of Evidence (PoE) assessment at level 8, if your qualification is at NQF level 6 or 7, if you apply for registration as a th care worker within the professional category of registration.							
	H-4-4 A certified co	py of any other qualifications (e.g. Masters or Doctorate) in child and youth care work and/or any other field (if applicable). c-3 and C-4.							
	H-5 Proof of regi	stration with SACSSP by final year students (see Section F) by of your registration certificate as a student child and youth care worker with the South African Council for Social Service							
		Please keep a copy of this form and all the supporting documents for your own records.							

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Proceed to SECTION I continues on the next page

Application for registration: CHILD AND YOUTH CARE WORKER (professional category)

## INSTRUCTIONS

- SECTION I: Bank details
  See Section H-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.
- Read all parts of the declaration in
- Section J carefully. • Sign FORM R.1.CYC.1 and append the
- date of completion in the provided spaces.
  Complete the check list below <u>before</u> you submit the application
- FINAL CHECK LIST FOR APPLICANT: Before submitting your application check the
- following: FORM R.1.CYC.1 is completed correctly
- All applicable fields and pages are completed and I have double checked
- FORM R.1.CYC.1 is signed on page 7 (Part J)

#### Attachments

IMPORTANT

Do not complete
INTERNAL CHECK LIST
Applicant informed about outcome

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

<u>An additional fee</u> will apply for incor applications that were referred back the resubmission of such an applica

FOR OFFICE USE ONLY

Application and supporting docume filed on applicant's file

- 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 copies of qualifications (see Section H-4.1)
- Proof of subjects original (see Section H-4.2)
- Portfolio of evidence (PoE) if applicable. (see Section H-4.3)
- Proof of previous registration as student child and youth care worker with the SACSSP (see Section H-5)

### 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 as a child and youth care worker within the professional category of registration. These Regulations are available on Councils website <a href="http://www.sacssp.co.za">www.sacssp.co.za</a>

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

Account name:	SACSSP
Bank:	NEDBANK
Account number:	1190739410
Branch:	MENLYN MAINE
Branch Code:	198765
Reference:	A reference number must be provided for every deposit.

**IMPORTANT** Proof of payment must accompany this application

## J. DECLARATION

I.

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 *child and youth care worker within the professional category of registration*.

Furthermore, I, the undersigned, -

(a) understand that I may only practise as a child and youth care worker<sup>3</sup> and use the title child and youth care worker, subject to being registered as a child and youth care worker within the professional category of registration with the South African Council for Social Service Professions as contemplated in sections 15 and 18A of the Act and upon entry of my name into the *Register for Child and Youth Care Workers (professional category)* 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 child and youth care worker or pretend to be a child and youth care worker (professional category) if he or she is not registered as a child and youth care worker within the professional category of registration 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) may only, in terms of the Act, practise as a child and youth care 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 Child and Youth Care Workers (professional category) 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 Child and Youth Care Workers (professional category) 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 for child and youth care workers, auxiliary child and youth care workers (auxiliary child and youth care workers) auxiliary child and youth care workers (auxiliary child and youth care workers) auxiliary child and youth care workers) auxiliary child and youth care workers (auxiliary child and youth care workers) auxiliary child and youth care workers) auxiliary child and youth care workers (auxiliary child and youth care workers) auxiliary child and provide and workers) auxiliary child and provide care workers (auxiliary child and provide care workers) auxiliary child and provide care workers) auxiliary child and provide care workers (auxiliary child and provide care workers) auxiliary care workers (auxiliary child and provide care workers) and and and youth care workers (auxiliary child and provide care workers) auxiliary care 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 Child and Youth Care Workers (professional category*) 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 for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) and other relevant Regulations (available from the Government Printers or can be downloaded at <u>www.sacssp.co.za</u>); and

(f) agree that if the Registrar receives a request in terms of section 18A(6)(b) for access to the Register for Child and Youth Care Workers (professional category) 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		place	on	day	of		month	20	year	
							Signature: Applicant				
	Send this O	RIGINAL applic	cation form with	all su	ıppo	orting	g documents:				
k		by reg	jistered mail to:	OR	by	courie	r to:				
g and		SACS			SA	e Regis CSSP	trar Botha Avenue				
nplete		Gezin			Riv	viera,	Solina Avenue				
upon ation.		Pretor 0031	ia		Pre 008	etoria 34					
	<sup>3</sup> Child and youth care <sup>4</sup> Only if postal address	worker in this section means a s is not a residential/ street add	a child and youth care worker wi dress	thin the pro	iessiona	l categor	y of registration				
7											
	INTERNAL R	EVIEW									
on :)			COMMENTS:								
nts	Name & Surname										

Applicant's details inserted and/or updated on the Register for Child and Youth Care Workers against the name of the applicant

(date

Signature

Aplication is (mark with x)

APPROVED

- Registration certificate issued, if approved
   Registration card issued, if approved
   If applicant indicated an *opt out* in terms
- of Section J(f) record on the Register against applicant's name.

Regi	strati	on nur	nber	alloca	ated, i	f app	rove
7	0	-					

## NON NOBIS - Not for ourselves

INCOMPLETE and is referred back to the applicant to

ng information

Date

DECLINED and the reasons for the decision provided