SACSSP 37 Annie Botha Av Riviera, Pretoria 0084 SACSSP Private Bag X12 Gezina Pretoria 0031

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR REGISTRATION

CHILD AND YOUTH CARE WORKER (auxiliary 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 auxiliary category of registration as contemplated in section 18A of the Social Service Professions Act 110 of 1978 and regulation 17 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 Registration as student child & youth care worker 2 0

37 Annie Botha Avenue Riviera,	A. PERSONAL PA	RTI	CU	LAF	RS		.	Only a	oplicable	e to grad	uates reg	istering f	or the fi	rst time as a	child and	I youth c	are w
Pretoria 0084	Title* (mark ONE only with X)	Prof		Dr		Rev		Mr		Mrs		Ms	N	Miss			
SACSSP Private Bag X12 Gezina Pretoria 0031	First names* _R (as on ID)																
ENQUIRIES: Email: regtemp7@sacssp.co.za	Maiden name* (if applicable)																
Telephone : (012) 356 8300		H													\vdash		
www.sacssp.gov.za	Surname* _R (as on ID)	\vdash													-		_
GENERAL INSTRUCTIONS: 1. FORM R.1.CYC.2 needs to be completed by a person who registers for the FIRST time as child and youth care worker within the auxiliary category of registration with	ID number*																
the SACSSP in terms of section 18A of the Social Service Professions Act 110 of 1978.	Passport No ¹ (if applicable)		1	V	V	V	Γ	m	In		untry) OI C	origii				
Child and youth care workers who register for the first time as a child and youth care worker within the auxiliary enterprises.	Date of birth* (YYYY/MM/DD)	L		<u></u>	<u> </u>		-			-							
worker within the auxiliary category of registration with the SACSSP and who have obtained their basic qualification outside of	Gender ^{2*} _R (mark with x)	Ma	ale		Fer	nale		Н	ome	lan	guag	е					
the Republic of South Africa, must complete FORM: R.6.CYC.2.	Marital status ^{2*} (mark with x)	Ne mar			Ma	ried		Divo	rced		Wido	ow		Widower			
 FORM R.1.CYC.2 must be completed personally by the applicant - in print or typed. 	Population group ² (mark with x)) Afric	can		Colo	ured		Ind	lian		Whit	te		Other			
Study FORM R.1.CYC.2 carefully before completing it.	Disability ² (mark with x)	Yes		No		lf Y	YES,	spec	ify								
5. Read the instructions with each section and answer all questions fully, clearly and	B. CONTACT DET	AIL	S														
correctly. 6. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i> .	Postal address*																
 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 refered back to the applicant. Therefore, make sure that the application is completed correctly and submitted with all the required 	Residential address*										Ро	stal	cod	e			
supporting documents. 9. See Section H for the documents that must																	
accompany FORM R.1.CYC.2. 10.Complete the checklist at the end of FORM R.1.CYC.2 before you submit it.																	_
11. Print and return this original FORM R.1.CYC.2 to the SACSSP by registered mail or courier mail services for ease of tracking. Address is on page 8.	Town* _R										Ро	stal	cod	e			
12.Council is required to keep a Register of persons registered in terms of section 19 of	Province* (mark with x in block)	EC	` FS	s C	SA	KZ	LF	2	MP	NW	NC	w	С				
the Act and the fields mark with a R will be visible to the public.	Email* (write clearly)																
INSTRUCTIONS Registration number Must be completed by all applicants. Insert the	Mobile / Cel number*																
registration number with the SACSSP that was allocated to you as a student child and youth care worker (auxiliary category).	Telephone (work)*					-											
SECTION A: Personal Particulars ALL fields in Section A marked with an * must be completed.	Telephone (home)					- [
SECTION B: Contact details	Fax number					-											
 ALL fields in Section B marked with an * must be completed. 	¹Only complete if you <u>do not have</u> an ID number					2/	Informat	ion for e	equity an	nd statist	ical purpo	oses					

INSTRUCTIONS:

Please ensure that you complete the correct section:
Section C-1: Persons with a FET

Certificate in child and youth care equivalent to an NQF Level 4 qualification registered with SAQA.

Section C-2: Persons who will be submitting a portfolio of evidence (PoE) on theoretical and practical learning equivalent to 1 650 hours as provided for in regulation 17(1)(b) of the *Regulations for child and* youth care workers, auxiliary child and youth care workers and student child and youth care workers.

SECTION C-1a: First qualification

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

SECTION C-1b: Subjects

- 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 is allocated). by the training institution).
 If you need additional space (more than
- 5 subjects), please add a page to FORM R.1.CYC.2 and mark it clearly (on top of the page) "SECTION C-1b" with an indication of the academic year.
- 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 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 certificate must be attached in order to be entered into the Register.

ACADEMIC PARTICULARS

Telephone (work)

C-1a. Information on your FETC qualification in child & youth care work

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

Name of Institution, Contact person

Country (If not in South Africa)

Academic information of applicant* (mark with x)

ma of aubicot or modula

Qualification	FETC	Other (specify)	
Duration of course	1 year	2 years	3 years
Name of qualification,	e.g. FETC (CYCW)		

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

У	У	У	У	• [m	m	-	d		d											
Date o	n wh	ich tl	nis q	ualif	icatio	n w	as/\	will b	e c	conf	ıfe	err	ed	l up	on	yo	u:				
		3.1	-		100	100			1 -												

C-1b. Subjects related to above qualification (COMPULSARY to complete by all applicants)

		Name of Subject of module	Subject code
	1.		
_	2.		
YEAR 1	3.		
⋝	4.		
	5.		
	• • • • • • • • • • • • • • • • • • • •		•••••
	1.		
YEAR 2	2.		
	3.		
⋝	4.		
	5.		
	• · · · · · · · •		•••••
	1.		
	2.		
YEAR 3	3.		
⋝	4.		
	5.		

- NOTE TO APPLICANTS WHO COMPLETED SECTION C-1a:
 If you have completed Section C-1a, please proceed to Sections C-3 and C-4, if applicable.
- If your qualification was not conferred upon you by the training institution at the time of this application, you may ask them to complete Section D.

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

INSTRUCTIONS:

SECTION C-2a: Theoretical & practical

- Must be completed by applicants who do not have a completed FETC qualification
- Indicate each course or workshop or training and the number of hours of each.
- If you need additional space, please add a page to FORM R.1.CYC.2 and mark it clearly (on top of the page) "SECTION C-2a" with an indication of the academic
- · Documentary proof of each course or workshop or training indicated in Section C-2a <u>must be attached</u> to this application
- (FORM R.1.CYC.2).
 IMPORTANT: A portfolio of evidence (PoE), which must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work must be attached to this application (FORM R.1.CYC.2).

C-2a. Theoretical and practical learning equivalent to 1 650 hours

Only complete this section only if you do not have a completed FETC qualification, but have completed 1650 hours of theoretical and practical learning as provided for in regulation 17(1)(b).

Regulation 17(1)(b) stipulates that a person who have obtained theoretical and practical learning equivalent to 1 650 hours <u>prior</u> to the commencement of compulsory registration in terms 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), approved by the Council and provided that the applicant submits a portfolio of evidence, which must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work.

	Course/ workshop / training (please provide correct title)	Hours
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
Calcula	ate and insert the total number of hours (all courses, workshops and trainings, including those added on an additional page, if app	licable)

Total number of hours

C-3	Academic	particulars of	advanced o	ualification(s	s) in chi	ild and v	outh care v	vork
U-J.	Academic	particulars of	auvanceu q	uaiiiiCatiOii(8	3 <i>)</i> III CIII	iiu aiiu yi	outili cale	MOIN

	Qualification _R	Training institution _R	Date conferred
1			
2			
3			

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

	Qualification _R	Training institution _R	Date conferred
1			
2			
3			

- Only complete if applicable.
 Date conferred refers to date when the
- qualification was conferred upon you by the training institution.

 • NB: Certified copies of documentary proof

SECTION C-3: Advanced qualifications

of the qualifications in Section C-3 must be attached to this application (FORM R.1.CYC.2).

SECTION C-4: Other qualifications

- Only to be completed if applicable.
- NB: Certified copies of documentary proof of the qualifications in Section C-4 must be attached to this application (FORM R.1.CYC.2 in order to be entered into the Register.

Proceed to SECTION D on the next page

SECTION D: Higher Education

- This section only applies to applicants
 who have completed Section C-1a and
 where the qualification has not yet been
 conferred upon you. This section 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.
- conferred upon you and on what date.

 This part must contain the official date stamp of the institution to be valid.
- The applicant <u>may not complete</u> 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.CYC.2 and mark it clearly (on top of the page) "SECTION E" with the number of the question. D. TO BE COMPLETED BY THE UNIVERSITY/TECHNIKON/COLLEGE/ETC This part should only be completed where the applicant is a student in his or her final year Name of Institution full names and surname of student It is hereby certified that complied with all the requirements for the Diploma or Certificate (insert full title of qualification) of this institution of 20 on to be issued at a graduation ceremony on of 20 We recommend him/her for registration as a child and youth care worker (within the auxiliary category of registration) with the SACSSP. **ORIGINAL OFFICIAL DATE** STAMP OF INSTITUTION Signature: Head of Training Institution Date 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) 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) Υ Ν Υ Ν 1.1 1.2 - was your registration suspended? - were you reprimanded or cautioned? Υ Υ Ν N 1.3 - was your registration cancelled? 1.4 - was the imposition of a penalty postponed? - was the execution of your penalty suspended? Υ Ν Have you ever been found guilty of an offence by a court of law? If YES, specify the YES NO passed: Nature of offence Year Sentence NO Are any legal steps pending against you at present? If YES, specify what steps below. YES **DISCLOSURE OF CRIMINAL OFFENCES** Any person who apply to be registered as a child and youth care worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 28 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). **REGISTRATION HISTORY** F. F-1. Have you previously applied for registration with the SACSSP? (mark with x) YES Declined Incomplete If **YES**, what was the result? (mark with **x**) Approved If APPROVED, were you registered as: (mark with x) Social worker Child & vouth care worker Social auxiliary worker Auxiliary child & youth care worker Student social worker Student child & youth care worker

PART-F-1: Registration History

- Must be completed by all applicants
- Final year students in child and youth care work (auxiliary level) need to indicate their registration number as student child and youth care worker starting with 80- in the appropriate area on the right.

Student social auxiliary worker

Indicate registration number (see Registration Certificate)

Student auxiliary child & youth care worker

Proceed to SECTION G on the next page

INSTRUCTIONS:	G. EMPLOYMENT PARTICULARS											
SECTION G-1: Employment status Must be completed by all applicants.	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)											
SECTION G-2: Current employment	G-2. Current employment (if applicable)											
Must be completed by all applicants, EXCEPT persons who are unemployed or retired.	Name of employer* _R											
 If you are <u>currently</u> (on the day you submit this application) <u>employed</u> as a child and youth care worker (auxiliary level) or 	Street address*											
similar, whether fulltime or part-time: • you must attach a copy of your current job-description signed by												
the manager or designated person of your employer to this application (FORM R.1.CYC.2).	T*	4										
 Section J must be completed and signed by your employer. 	Town* _R Postal code	+										
	Postal address* (if different)											
	. Solal dad solo (mamolon)											
	Postal code											
	Telephone											
	Email (write clearly)											
	Fax number -	d										
	Date started with present employer*											
	Post/designation*											
	Nature of employer (mark ONE only with x): National Government Provincial Government Local Government Government entity											
	National Government											
	Industry Private Practice Academia NPO or CBO											
	Other If Other, specify											
SECTION G-3: Previous employment <u>Must be completed</u> by all applicants who had a previous employer	G-3. Previous employment											
-,,-	Name of employer Address											
	Address	+										
	Postal code											
	Post/designation*											
	Period of employment with PREVIOUS EMPLOYER*:											
	ууу - т то ууу - т т - а а то ууу - т т - а а											
	Telephone	9										
	Email (write clearly)	operator CECTION H on the next rade										
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		OLL										

INSTRUCTIONS:

- SECTION H: Documentary proof

 Read this part carefully as it will guide you on the documents that must accompany your application (FORM R.1.CYC.2). Please number each Annexure.

Н. 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:

- H-1 Proof of payment (see Section I)
 - Proof of payment to the value of the following prescribed fees in South African Rand:
- H-1 1 Registration fee as child and youth care worker within the auxiliary category of registration; and
- Prescribed annual fee as child and youth care worker within the auxiliary category of registration. H-1.2
- H-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
- H-3 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).

- Proof of qualifications (RSA)
- H-4 1 A certified copy of documentary proof of the the highest school grade (e.g. grade 12) you have passed.
- If you apply for registration with a FET Certificate in child and youth care equivalent to an NQF Level 4 qualification (see Section C-1a) H-4.2
- registered with SAQA in accordance with regulation 17(1)(a) the following must be attached to this application A certified copy of documentary proof of the qualification(s) in child and youth care work (auxiliary category). H-4.2.1
- H-422
- Original of documentary proof (not a copy) issued by the training institution in which an indication is given of –

 a. ALL the subjects you have passed during all four years of study and the duration of the course in each subject.

 b. ALL the subjects/modules credited or exempted having been obtained from another university of the learning programme over a study period of four years.

OR

- H-4.3 If you apply for registration with a submitting a portfolio of evidence (PoE) on theoretical and practical learning equivalent to 1 650 hours
- (see Section C-2a) in accordance with regulation 17(1)(b) the following must be attached to this application. Documentary proof of <u>each</u> course or workshop or training indicated in Section C-2a. H-4.3.1
- H-4.3.2 A portfolio of evidence (PoE), which must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work.

OR

- H-4.4 If you apply for registration with a person who, on the date of the commencement of these regulations, does not meet the requirements for registration as a child and youth care worker within the auxiliary category of registration in accordance with regulation 17(3) the following must be attached to this application:
- H-4.4.1 documentary proof acceptable to the SACSSP that he or she is practising or employed as a child and youth care worker (auxiliary level);
- H-4.4.2 a job description acceptable to the SACSSP from his or her employer indicating that he or she meets the job profile of a child and youth care worker (auxiliary level); or
- H-4.4.3 a declaration to the SACSSP to the effect that the content of the job description and employment designation is a true reflection of his or her employment contract with the employer concerned.
- H-5 Additional qualifications

A certified copy of any other qualifications (post graduate) in child and youth care work and/or any other field (if applicable). See Sections C-3 and C-4.

H-6 Job descriptions (see Section G-2)

If you are currently (on the day you submit this application) employed as a child and youth care worker (auxiliary level) or similar, whether fulltime or part-time you must attach a copy of your current job-description signed by the manager or designated person of your employer.

- A written undertaking from your employer in Section J specifying the following:
 Confirming that you will be supervised by a child and youth care worker within the professional category registered with the SACSSP H-7.1
- H-7.2 The nature, content and duration of the above supervision.
- Confirming that the child and youth care worker supervising you is aware of the fact that he or she is legally co-responsible for your acts as a child and youth care worker within the auxiliary category of registration. H-73
- H-5.4 The official title of the post you hold.
- H-8 Proof of registration with SACSSP by final year students (see Section F)

A certified copy of your registration certificate as a student child and youth care worker within the auxiliary category of registration with the South African Council for Social Service Professions.

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

SECTION I: Bank details

- ction 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.

FEES PAYABLE & BANKING DETAILS I.

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 auxiliary category of registration. These Regulations are available on Councils website www.sacssp.co.za

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

SACSSP Account name: NEDBANK Bank: 1190739410 Account number: MENLYN MAINE Branch: Branch Code: 198765

Reference: A reference number must be provided for every deposit.

IMPORTANT

Proof of payment must accompany this application

If you are employed (fulltime or part-time) at the time of registration, Section J on the next page must be completed

INSTRUCTIONS:

- SECTION J: Undertaking by employer
 Only to be completed if employed (fulltime or part-time) at the time of registration.
- Section J must be completed by the employer or person designated by the
- The applicant <u>may not complete</u> Section J
 Regulation 19 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) indicates that a child and youth care worker registered in the and youth care worker registered in the auxiliary category may only perform the acts described in the scope of practice for child and youth care work within auxiliary category of registration under the supervision of a registered child and youth care worker³ (professional category). Whereas regulation 20(2)(d) states that "in the case of a child and youth care worker reactions within the suitiency executions within the suitiency executions within the suitiency executions." practicing within the auxiliary category, a confirmation from his or her employer that the child and youth care worker may function under a registered child and youth care worker"
- See H-7 of FORM R.1.SW.2 for more information.
 The details of the registered child and
- youth care worker³ who at the time of this application will be supervising the child and youth care worker practicing within the auxiliary category 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 child and youth care worker practicing within the auxiliary category will practise under the supervision of a registered child and
 - youth care worker³; 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 depyty 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 child and youth care worker practicing within the auxiliary category who is employed at the time of registration will be considered without all fields in Section J been completed and it being signed as required.

J.	UNDERTAKING FROM EMPLOYER OF CHILD & YOUTH CARE WORKER
	registered or to be registered within the auxiliary category of registration.

UNDERTAKINO registered or to be																VOI	RKE	ER
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ignated by								Tull Tie	illes al	iu sui ii	ianie oi	perso	on desig	griatec	i by the	emplo	ning org	jariisa
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eby declare and conf	firm tha	at _						full	names	and su	ımame	of chi	ld and y	outh (care wo	rker (au	ıxiliary (catego
n ID number																		
n employ of our organisation/depa ect supervision and guidance of a regulation 20(2)(d) of the <i>Regulatio</i> orkers (Government Notice No. 838	child and you	outh car d and yo	re work	ker³ wi re wor	ithin tl rkers,	ne pro auxili	fession ary chi	nal cate	egory youth	registe care i	ered w worke	vith th	ne SAC	CSSF	as co	ntemp	lated	
name of the child and youth care or her personal file and if there is								ker pra	acticin	g with	in the	auxil	iary ca	tego	ry will I	oe inse	erted ir	nto
understand and undertake that in obliged to find and contract at the rker practicing within the auxiliary	e cost of the																	
understand that if the child and yo d youth care worker ³ , he or she is uth care workers, auxiliary child ar Government Gazette No. 38135 of tituted.	contradictin	ng the pi	rovisior ers and	ns of the	he So ent ch	cial S ild an	ervice d youti	Profes care	sions . worke	Act 11 rs (Go	10 of 1 overnn	978 nent	and the	e <i>Re</i> No. 8	<i>gulatio</i> 838 of	ns for 2014	<i>child a</i> publish	and hed
et address*																		
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									<u> </u>	F	os	tal	cod	е				
phone				_	. [
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number				-	. [
ails of child and yo	uth ca	re w	orke	er³ \ ' ca	will	be	sup	erv	isin	g tl	he c	hil	ld a	nd	you	ith (care)
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CSSP Registration n	umber	7	0	_								Y	ear:	s e	xpei	ien	ce	
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bile / Cel number*									JL			L						
ignature: Supervising chi	ld and yo	outh c	are w	orke/	er								Da	te				
claration by employ eclare that the information furnish- ing which would serve as an impe section.	ed is true a																	
ned at				place	on		day	of								20		yea
								_										

³Child and youth care worker in this section means a child and youth care worker within the professional category of registration

Initials and surname

Initials and surname

INSTRUCTIONS

SECTION K: Declaration

- · Read all parts of the declaration in
- Section K carefully.
 Sign FORM R.1.CYC.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.CYC.2 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section J is completed and signed (if employed). Also see Section H-7
- FORM R.1.CYC.2 is signed on page 8 (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 Section H-4.2.1)
- Proof of subjects original (see Section H-4.2.1)
- Documentary proof of each course or workshop or training indicated in Section C-2a - if applicable (see Section H-4.3.1)
- Portfolio of evidence (PoE) on theoretical and practical learning - if applicable (see Section H-4.3.2)
- Documentary proof as indicated in Section H-4.4 if applicable
- $\hfill \square$ Job-description if employed (see Section H-6)
- Proof of previous registration as student child and youth care worker (auxiliary category) with the SACSSP (see Section

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.

<u>An additional fee</u> 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 child and youth care worker within the auxiliary category of registration.

Furthermore, I, the undersigned, -

(a) understand that I may only practise as a child and youth care worker (auxiliary category) and use the title child and youth care worker (auxiliary level) or auxiliary child and youth care worker, subject to being registered as a child and youth care worker within the auxiliary 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 (auxiliary 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 or pretend to be a child and youth care worker (auxiliary category) if he or she is not registered as a child and youth care worker within the auxiliary 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) understand that I am required by law in accordance with regulation 19 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 youth care workers and student thind and youth care workers (dovernment voluce No. 333 of 2014 published in Power ment cazetie No. 333 of 31 October 2014) that I may only perform the acts described in the scope of practice for child and youth care work within auxiliary category of registration under the supervision of a registered child and youth care worker³ (professional category). Whereas regulation 20(2)(d) states that 'in the case of a child and youth care worker practicing within the auxiliary category, a confirmation from his or her employer that the child and youth care worker may function under a registered child and youth care worker³.

(d) may only, in terms of the Act, practise as a child and youth care worker within the auxiliary category of registration 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 (auxiliary category) 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 Child and Youth Care Workers (auxiliary 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 and student child and youth care workers (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) (regulation 27) 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 Child and Youth Care Workers (auxiliary category) 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 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 www.sacssp.co.za); and

(g) 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 (auxiliary category) kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information reactions of section 13 of the Act for purposes or research that the clowing administration and information (information to already available to the public from the Register), i.e. postal address' 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	20	y€

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

The Registrar SACSSF Private Bag X12 Gezina 0031

by courier to:

The Registrar SACSSE 37 Annie Botha Avenue Riviera. 0084

3 Child and youth care worker in this section means a child and youth care worker within the professional category of registration 4 Only if postal address is not a residential/ street address

FOR OFFICE USE ONLY

INTERNAL CHECK LIST

- Applicant informed about outcome on (date)
- Application and supporting documents filed on applicant's file Applicant's details inserted and/or
- updated on the Register for Child and Youth Care Workers (auxiliary category) against the name of the applicant
- Registration certificate issued, if approved Registration card issued, if approved ☐ If applicant indicated an *opt out* in terms of *Section K(f)* record on the Register

against applicant's name

Regi	strati	on nur	nber	allo	oca	ted,	if app	rove
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INTERNAL REVIEW

Name & Surname

Date

COMMENTS

Aplication is (mark with X)

APPROVE

Signature

INCOMPLETE and is referred back to the applicant to

DECLINED and the reasons for the decision provided to the applicant