

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.1).

- 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 indicated in *Section C-2* must be attached to this application (FORM R.1.SW.1).

- 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 4 years then mark all 4 boxes or if you have taken a subject only at 1st year and 2nd year level only mark boxes 1 and 2.
 - Add additional subjects 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 in social work

Particulars of training institution (*University, college, 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 SW Certificate (NDP)

Duration of course 2 years 3 years 4 years

Name of qualification_R 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_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			
	1	2	3	4
Social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 nd majors <i>e.g. communication (specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 nd majors <i>e.g. criminology (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"/>
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: Advanced qualifications

- 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 of the qualifications in *Section C-4* must be attached to this application (FORM R.1.SW.1).

SECTION C-5: 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.1.SW.1) in order to be entered into the Register.

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.1 and mark it clearly (on top of the page) "SECTION E" with the number of the question.

C-4. Academic particulars of advanced qualification(s) in social work

	Qualification _R	Training institution _R	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-5. 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. TO BE COMPLETED BY THE UNIVERSITY/TECHNIKON/COLLEGE

This part should only be completed where the applicant is a social work student 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 Degree/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 worker** with the SACSSP

<input type="text"/>	<input type="text"/>
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Signature: Head of Department/School

Date

<input type="text"/>	<input type="text"/>
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Signature: Dean or designated faculty administrator

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 11 of the *Regulations regarding the registration of social workers* (Government Notice No. 101 of 2011 published in Government Gazette No. 34020 of 18 February 2011)

INSTRUCTIONS:

PART-F-1: Registration History

- Must be completed by all applicants.
- Final year students in social work need to indicate their registration number as student social worker starting with **40-** 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 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 worker

Nature of employer (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-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

SECTION G continues on the next page

INSTRUCTIONS:

SECTION J: Declaration

- Read **all parts** of the declaration in *Section J* carefully.
- Sign FORM R.1.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.1.SW.1 is completed correctly
- All applicable fields and pages are completed and I have double checked
- FORM R.1.SW.1 is signed on page 6 (*Part J*)

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 copies of qualifications (see *Sections H-4.1 & H-4.2*)
- Proof of subjects - original (see *Section H-4.3*)
- Proof of previous registration as student social worker with the SACSSP (see *Section H-5*)

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.

J. 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 worker.

Furthermore, I, the undersigned, -

(a) *understand* that I may only practise as a social worker and use the title *social worker*, subject to being registered as a social worker with the South African Council for Social Service Professions as contemplated in sections 15 and 17 of the Act and upon entry of my name into the *Register for Social 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 social worker or pretend to be a social worker if he or she is not registered as a social 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) *may only*, in terms of the Act, practise as a social 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 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 social workers 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 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 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 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 Workers* 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 J(f)* record on the Register against applicant's name.

Registration number allocated, if approved

1 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:
