SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR REGISTRATION

SOCIAL AUXILIARY WORKER

To be completed by persons registering for the *first time* and/ or who are newly qualified as a *social auxiliary worker* as contemplated in section 18 of the Social Service Professions Act 110 of 1978 and the Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011)

SACSSP	SACSSP Registration as st	tuden	nt so	cial a	auxi	liary	/ wo	rker	3	0	_						
37 Annie Botha Avenue Riviera,	A. PERSONAL PA	RTI	CUL	_AR	S			Or	nly applica	ole to pe	 rsons reg	gistering	for the fir	st time a	s a social	auxiliar	y worker
Pretoria 0084	Title* (mark ONE only with X)	Prof		Dr		Rev		Mr	Mr	s	Ms		Miss				
SACSSP Private Bag X12 Gezina Pretoria 0031	First names* _R (as on ID)																
ENQUIRIES: Email: reghelpdesk@sacssp.co.za Telephone: (012) 356 8300 www.sacssp.co.za	Maiden name* (if applicable) Surname* (as on ID)														<u></u>		
GENERAL INSTRUCTIONS: 1. FORM R.1.SW.2 needs to be completed by a person who registers for the FIRST time as social auxiliary worker with the SACSSP in terms of section 18 of the Social Service Professions Act 110 of 1978. 2. FORM R.1.SW.2 must be completed personally by the applicant - in print	ID number* Passport No¹ (if applicable) Date of birth* (YYYY/MM/DD) Gender²* (mark with x)	У	y		y Fem	y	- [m	ne la	- [d	f orig	gin				
or typed. 3. Study FORM R.1.SW.2 carefully <i>before</i> completing it.	Marital status ^{2*} (mark with x)	Nev mar			Marı	ried		Divorc		¬	idow		Wido	wer			
Read the instructions with each section and answer all questions fully, clearly and correctly.	Population group ² (mark with x		F		Colo	ured		India	n _	v	/hite		Oth	ner			
5. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field.</i>	Disability ² (mark with x)	Yes		No		lf `	YES,	specif	y				-				
6. If you have to make any corrections to your answers - initial next to the correction made in the right margin. 7. 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. 8. See Section H for the documents that must accompany FORM R.1.SW.2.	B. CONTACT DET Postal address*	AIL	S							F	Posta	al co	de			<u> </u>	
9. Complete the checklist at the end of FORM R.1.SW.2 before you submit it. 10.Print and return this original FORM R.1.SW.2 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. 11. Council is required to keep a Register of	Residential address*																
persons registered in terms of section 19 of the Act and the fields mark with a $_{\rm R}$ will be visible to the public.	Town* _R									F	osta	al co	de			$\frac{1}{2}$	
INSTRUCTIONS Registration number	Province* (mark with x in block)	EC	FS	G	A	KZ	LP	MF	NV	V	c	wc					
Must be completed by all applicants. Insert the registration number with the SACSSP that was allocated to you as a student social auxiliary worker. SECTION A: Personal Particulars • ALL fields in Section A marked with an * must be completed.	Email* (write clearly) Mobile / Cel number* Telephone (work)*																
SECTION B: Contact details • ALL fields in Section B marked with an * must be completed.	Telephone (home)					. [
	Fax number																
	I ax Hullibel																

INSTRUCTIONS:

SECTION C-2: 3 + 1 Qualification Only to be completed by persons with a 3 + 1 qualification.

NB: A certified copy of documentary proof

(FORM R.1.SW.2).

SECTION C-3: Subjects

then only mark box 1.

Register.

Must be completed by all applicants.
Mark in the box for each year you have

taken a subject e.g. if you took a subject for 2 years then mark the first 2 boxes or if you have taken a subject only for one year

Indicate the subjects/modules in the appropriate spaces.
 IMPORTANT: Original (not copy) of documentary proof issued by the training.

institution in which an indication is given

the subjects and the duration of the course in each subject have not been stated on

Other (specify):

Other (specify):

the degree/diploma certificate, must be attached in order to be entered into the

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

of the qualification(s) indicated in Section C-2 must be attached to this application

- SECTION C-1: First qualification

 Must be completed by all applicants.

 NB: A certified copy of documentary proof of the qualification indicated in Section
 C-1 must be attached to this application (FORM R.1.SW.2).

C. A	CAD	EMIC	PARTI	CUL	٩RS
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C-1. Information on your first qualification as social auxiliary worker Particulars of training institution (University, college, accredited training provider, etc) Name of Institution, Contact person Telephone (work) Country (If not in South Africa) Academic information of applicant (mark with x) Certificate in Social Auxiliary Qualification Degree Diploma Work **Duration of course** 1 year 2 years 3 years e.g. Certificate in Social Auxiliary Work 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-2. ONLY applicable to persons with a 3 + 1 year qualification: (mark with x) Qualification Degree Diploma SW Certificate (NDP) **Duration of course** 2 years 1 year 2 years Name of qualification* Date on which this qualification was/will be conferred upon you: C-3. Subjects related to qualification* (COMPULSARY to complete by all applicants) (mark with X) Subject Year courses Social work and/or social auxiliary work modules / subjects in 1st two years of training 1. 1 2 3 4 1 2 3 4 3. 2 3 4 1 4. 1 2 3 4 5. 1 2 3 4 Other subjects: Other (specify): 1 2 3 4 2 3 4 Other (specify): 1 2 1 3 4 Other (specify): 2 3 Other (specify): 1 4

4

3

1 2

1

2 3

of this institution

STAMP OF INSTITUTION

Application for Registration: SOCIAL AUXILIARY WORKER

INSTRUCTIONS: SECTION C-4: Other qualifications

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

SECTION D: Higher Education Institutions

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

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

	Qualification	Training institution	Date conferred
1			
2			
3			

D. TO BE COMPLETED BY THE TRAINING INSTITUTION

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

Name of Institution	
It is hereby certified that	full names and surname of student

complied with all the requirements for the Diploma/Certificate

on of		monur	20	year			
to be issued at a gra	aduation ceremony on	of		month	20		year
We recommend him	n/her for registration as a so	cial auxilia	ary worke	r with the	SACS	SP	
				ORIGINAL	OFFICI	AL DA	ΔΤΕ

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

Date

SECTION F: General

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

GENERAL E.

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

Signature: Head of Training Institution

1.	Have you ever been found guilty of unp SACSSP? If YES , complete the rest (mark				10	
1.1	- were you reprimanded or cautioned?	Υ	N	1.2 - was your registration suspended?	Υ	N
1.3	- was your registration cancelled?	Υ	N	1.4 - was the imposition of a penalty postponed?	Υ	N
1.5	- was the execution of your penalty suspended?	Υ	N			
2.	Have you ever been found guilty of an of nature of the offence of which you were convicted, passed:				10	

Nature of offence	Year	Sentence			
Are any legal steps pending against you a	at present? If Y i	ES, specify what steps below.	YES	NO	

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

DISCLOSURE OF CRIMINAL OFFENCES

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

INSTRUCTIONS: SECTION F-1: Registration History • To be completed by all applicants	F. REGISTRATION HISTORY F-1. Have you previously applied for registration with the SACSSP? (mark with x)
Final year students in social auxiliary work need to indicate their registration number as student social auxiliary worker	YES NO If YES, what was the result? (mark with X) Approved Declined Incomplete
starting with 30- in the appropriate area on the right.	If APPROVED, were you registered as: (mark with x)
	Social worker Child & youth care 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 SACSSP registration number (see Registration Certificate)
	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 Self-employed Unemployed
	Retired _R Final year student Other' (specify)
SECTION G-2: Current employment • Must be completed by all applicants,	G-2. Current employment (if applicable)
EXCEPT persons who are unemployed or retired. If you are <u>currently</u> (on the day you submit	Name of employer _R
this application) employed as a social auxiliary worker or similar, whether fulltime or part-time Section J must be completed	Street address
and signed by your employer.	
	Town _p
	Postal code
	Postal address (if different)
	Doctor and
	Telephone - Postal code
	Email (write clearly)
	Fax number
	Date started with present employer*
	Post/designation*
	Nature of employer (mark ONE only with X):
	National Government Provincial Government Local Government Government entity
	Industry Academia NPO or CBO Training organisation
	Other If Other, specify

INSTRUCTIONS

SECTION G-3: Previous employment Must be completed by all applicants who had a previous employer.

G-3. Previous employme	ent																
Name of employer																	
Address																	
										Ро	sta	l co	de				
Post/designation*	e.g. soc	cial auxil	iary wor	ker													
Period of employment as a	so	cial	aux	ilia	ry w	ork	er w	ith F	PRE	VIO	US	EMF	PLO	YEF	R*:		
y y y - m	m	-	d	d	TC)	У	У		y	У -	ľ	n	m		d	d
Telephone					-												
Email (write clearly)																	

- SECTION H: Documentary proof

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

SECTION I: Bank details

Council bank account

vour own records

ection H-1 on fees payable

ALWAYS use your registration number as DEPOSIT REFERENCE. If

The reference number is the only way

in which your payment can be traced in

Keep a copy of your proof of payment for

not available, in exceptionally cases, use ID number or passport number.

DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION H.

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 social auxiliary worker.

H-1.2 Prescribed annual fee as social auxiliary worker.

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) (see Section C)

H-4 1 A certified copy of documentary proof of the the highest school grade (e.g. grade 12) you have passed.

A certified copy of documentary proof of the qualification(s) in social auxiliary work (e.g. Certificate in Social Auxiliary Work) which you have obtained from an accredited training institution or provider. H-4.2

Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council for evaluation to determine whether it is equal to or higher than the qualification referred to in paragraph H-4.2. H-4.3

Original of documentary proof of your academic record (not a copy) issued by the training institution in which an indication is given of -

a. ALL the subjects you have passed during all years of study and the duration of the course in each subject; and b. The content of the learning programme of the qualification stipulated in H-4.2 and or H-4.3 above in which an indication is given of all

the subjects/ modules you have passed and the duration of the course in each subject.

The SACSSP may order that an evaluation interview be conducted with applicants who obtained other qualification(s) than the H-4.5 qualifications referred to in sections H-4.2 & H-4.3.

A written undertaking from your employer in Section J specifying the following: Confirming that you will be supervised by a *registered* social worker.

H-5 1

H-5.2 The nature, content and duration of the above supervision.

H-5.3 Confirming that the social worker supervising you is aware of the fact that he or she is legally co-responsible for your acts as a social auxiliary worker

H-5.4 The official title of the post you hold.

H-4.4

Proof of registration with SACSSP by final year students (see Section F) H-6

A certified copy of your registration certificate as a student social auxiliary worker 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.

I. 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 social auxiliary worker. These Regulations are available on Councils website www.sacssp.co.za

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

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

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
 Section J must be completed by the employer or person designated by the
- employer.
 The applicant may not complete Section J
 See H-5 of FORM R.1.SW.2 for more
- The details of the registered social social who at the time of this application will be supervising the social auxiliary worker must be inserted in the applicable fields and he or she must sign in the designated
- Section J must be signed by:
 the manager of the unit where the social auxiliary worker will practise under the supervision of a registered social worker; and

 • CEO/Director of the organisation/
- head of the office in case of a decentralised organisation or in case of a government department by person with a designation not lower than that of a 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 social auxiliary worker will be considered without all fields in Section J been completed and it being signed as required.

				full name	es and surnan	ne of person design	gnated by the employing organis
esignated by				ran riam	os ana saman	ic or person desig	
reby declare and conf	firm that						name of employing organis
						full names a	nd surname of social auxiliary wo
ith ID number							
is in employ of our organisation/depa registered with the SACSSP and that for the acts of the social auxiliary wor the name of the social worker superv the file will be updated without delay. we understand and undertake that in find and contract at the cost of the on we understand that if the social auxiliar provisions of the Social Service Profe holding of disciplinary inquiries (Gove as employer will be equally liable for	t the social worker so rker when performing rising the social auxil the case where our ganisation a register fary worker is not wo bessions Act 110 of 15 ernment Notice 103	upervising the ghis/her dution of the lairy worker vorganisation and social working under the lair working under t	e social auxilies as social avill be inserte does not having the supervision regulations if	iary worker is auxiliary work of a into the file we a register vise the socion of a regist relating to the	s aware of the ker. The of the social was a social was a social was a social was a social acceptance of the registration.	ne fact that he/ al auxiliary wor orker in our em worker. worker, he or s n of social auxi	she is legally co-responsible ker and if there is a change ploy, that we are obliged to he is contradicting the iliary workers and the
reet address*							
own* _R							
					P	ostal cod	e
lephone							
mail (write clearly)							
ax number							
etails of social worke	r will be su	pervisi	ng the s	social a	uxiliar	y worke	(must be provided)
ame and surname							
ACSSP Registration no	umber 1	0 -				Years	experience
mail* (write clearly)							
obile / Cel number*							
elephone (work)*		-					
Signature: Supervis	ing social work	er				Dat	te
eclaration by employ declare that the information furnished	ed is true and correc						ertaking. We are unaware o
thing which would serve as an impe	diment to the regist	ation of the	social auxilia	ry worker m	entioned in	this section.	
		place	da	v _			month ye
gned at			on	of _			20
nature: Person designated by empl	lover	Signatu	re: CEO/ Dire	ector / Head	of Office		RIGINAL OFFICIAL DATE
,		J.g.iatai			JJ0		AMP OF ORGANISATION DEPARTMENT

INSTRUCTIONS:

SECTION K: Declaration

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

FINAL CHECK LIST FOR APPLICANT: Before submitting your application check the

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

Attachments

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

IMPORTANT

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

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

DECLARATION

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

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

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

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

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

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

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

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

Signed at	place	on	day	of	month	20	

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 ONL	
Do not complete	INTERNAL REVIEW
INTERNAL CHECK LIST Applicant informed about outcome on (date) Application and supporting documents filed on applicant's file	Name & Surname
	Signature Date
☐ If applicant indicated an opt out in terms of Section K(g) it is recorded on the Register against applicant's name. Registration number allocated, if approved	Aplication is (mark with X) APPROVED INCOMPLETE and is referred back to the applicant to provide the missing information.
50-	DECLINED and the reasons for the decision provided to the applicant.