



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

**APPLICATION FOR REGISTRATION
STUDENT SOCIAL WORKER**

To be completed by persons registering for the *first time* as a *student social worker* as contemplated in section 17A of the Social Service Professions Act 110 of 1978 and the *Regulations regarding the registration of student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011).

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Riviera,
Pretoria
0084

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ENQUIRIES:
Email: reghelpdesk@sacssp.co.za
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- GENERAL INSTRUCTIONS:**
- FORM R.1.SW.3 needs to be completed by a person who registers for the **FIRST time as student social worker with the SACSSP** in terms of section 17A of the Social Service Professions Act 110 of 1978.
 - FORM R.1.SW.3 must be completed **personally by the applicant** - in print or typed.
 - Study FORM R.1.SW.3 carefully before completing it.
 - Read the instructions with each section and answer all questions fully, clearly and correctly.
 - Fields that do not apply to you must be clearly deleted. *Draw a line through such field.*
 - If you have to make any corrections to your answers - *initial* next to the correction made in the right margin.
 - Incomplete and/or non-compliant applications **will not be processed** and will be referred back to the applicant. Therefore, make sure that the application is completed correctly and submitted with *all the required supporting documents*.
 - See **Section H** for the documents that must accompany FORM R.1.SW.3.
 - Complete the **checklist** at the end of FORM R.1.SW.3 before you submit it.
 - Print and return this original FORM R.1.SW.3 to the SACSSP by registered mail or courier mail services for ease of tracking. *Address is on page 6.*
 - Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with an *R* will be visible to the public.

INSTRUCTIONS

- SECTION A: Personal Particulars**
- ALL fields in *Section A* marked with an * must be completed.
- SECTION B: Contact details**
- ALL fields in *Section B* marked with an * must be completed.

A. PERSONAL PARTICULARS

Title*_R (mark **ONE** only with **X**) Prof Dr Rev Mr Mrs Ms Miss

First names*_R (as on ID)

Maiden name* (if applicable)

Surname*_R (as on ID)

ID number*

Passport No¹ (if applicable) Country of origin

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

Gender^{2*}_R (mark with **X**) Male Female Home language

Marital status^{2*} (mark with **X**) Never married Married Divorced Widower Widowed

Population group² (mark with **X**) African Coloured Indian White Other

Disability² (mark with **X**) Yes No If **YES**, specify

B. CONTACT DETAILS

Postal address*

Postal code

Residential address*

Town*_R

Postal code

Province*_R (mark with **X** in block) EC FS GA KZ LP MP NW NC WC

Email* (write clearly)

Mobile / Cel number*

Telephone (work)*

Telephone (home)

Fax number

¹ Only complete if you do not have an ID number

² Information for equity and statistical purposes

Proceed to SECTION C on the next page

INSTRUCTIONS:

- SECTION C-1: First qualification**
 • Must be completed by all applicants.

C. ACADEMIC PARTICULARS

C-1. Qualification in social work enrolled for

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

Name of Institution_R

Contact person

Telephone (work) -

Country (If not in South Africa)

Academic information of applicant (mark with **X**)

Highest scholastic qualification e.g. Grade 12/matric Year obtained

Qualification you are enrolled for Degree Diploma Other specify

Duration of course 2 years 3 years 4 years

Name of qualification_R Bachelor's of Social Work

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

Current academic year (mark with **X** in block) 1 2 3 4

SECTION C-2: Subjects

- Must be completed by all applicants.
- Mark in the box for each year you have taken and passed 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 then only mark box 1.
- 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 of ALL the subjects you have passed and the duration of the course in each subject, must be attached in order to be entered into the Register if you have completed your first year of study.

C-2. Subjects related to qualification you are enrolled for* (COMPULSARY to complete by all applicants)

Name of subject	Year courses			
	1	2	3	4
Social work modules / subjects				
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other subjects:

Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C-3: Other qualifications

- Only complete if applicable.
- Date conferred refers to date when qualification was conferred upon you by the training institution.
- **NB:** Certified copies of documentary proof of the qualifications in Section C-3 must be attached to this application (FORM R.1.SW.3).

C-3. Academic particulars of other 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"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proceed to SECTION D on the next page

INSTRUCTIONS:

SECTION D: Higher Education Institutions

- This section to be completed and signed by a person acting on the authority of the accredited training institution, certifying that the student social worker is enrolled.
- This part must contain the official date stamp of the institution to be valid.
- The applicant may not complete this part.

D. TO BE COMPLETED BY THE TRAINING INSTITUTION

This part should only be completed where the applicant is a student social worker

Name of Institution

It is hereby certified that

 full names and surname of student

is enrolled for the following qualification related to social work

at this institution since day of month 20 year

- I have read the relevant provisions of the Social Service Professions Act 110 of 1978 and *Regulations regarding the registration of student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) and understand the requirements related to the education and training student social workers.
- I understand that no student may undergo field instruction or experiential learning as part of the course in the subject Social Work without being registered as a student social worker.
- I recommend him/her for registration as a **student social worker** with the SACSSP

Signature: Head of Department

Date

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

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

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 SACSSP? If **YES**, complete the rest (mark with **X** in applicable block)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

 - were you reprimanded or cautioned?

Y	N
---	---
 - was your registration suspended?

Y	N
---	---
 - was your registration cancelled?

Y	N
---	---
 - was the imposition of a penalty postponed?

Y	N
---	---
 - was the execution of your penalty suspended?

Y	N
---	---

- 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	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Nature of offence	Year	Sentence

- Are any legal steps pending against you at present? If **YES**, specify what steps below.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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DISCLOSURE OF CRIMINAL OFFENCES

Any person who apply to be registered as a student 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 student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011). Training institutions must inform the SACSSP of the outcome of any criminal offence that led to a disciplinary hearing during which the person was found guilty and convicted (see regulation 11(2))

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 SACSSP registration number (see Registration Certificate) -

SECTION F-1: Registration History

- Must be completed by all applicants.

Proceed to SECTION G on the next page

INSTRUCTIONS:

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 full time students, unemployed or retired

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

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 Full time student Other* (specify)

G-2. Current employment (if full time or part time employed as a student social worker)

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 y y y y - m m - c d

Post/designation e.g. student social worker

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

G-3. Previous employment (only complete if applicable)

Name of employer

Address

Postal code

Post/designation*

Period of employment with PREVIOUS EMPLOYER*:

y y y y - m m - d d TO y y y y - m m - d d

Telephone -

Email (write clearly)

Proceed to SECTION H on the next page

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.SW.3).
- Please number each Annexure.

H. 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 student social worker.
H-1.2 Prescribed annual fee as student social 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).
- H-4 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.
H-4.2 A certified copy of documentary proof that you are registered with an accredited training institution for education and training in social work.
H-4.3 Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council.
H-4.4 Original of documentary proof of your academic record on the date of this application (not a copy) issued by the training institution in which an indication is given of -
a. ALL the subjects or modules and the year course/level in each subject or module you have already passed; and
b. the subjects or modules and year course in each subject or modules for which you are enrolled in the year of application from the university of origin
- H-5 Additional information and documentary proof (as applicable)**
H-5.1 **Any student who has abandoned his/her studies for longer than THREE years**, will have to apply a new for registration and again pay the prescribed registration fee as prescribed in regulation 3 (3)(a) of the *Regulations relating to the registration of student workers and the holding of disciplinary inquiries* (Government Notice 102 published in Government Gazette No 34020 of 18 February 2011).
H-5.2 **A person who cannot register as a social worker** in terms of the Social Service Professions Act 110 of 1978 and who wishes to enrol for a post basic qualification in social work **must register** as a student social worker in the first year of his or her study and pay the prescribed fees.
H-5.3 **A student in social work that studies outside South Africa** who wishes to do his or her field instruction or experimental learning in the Republic of South Africa to be registered with the SACSSP as a student social worker subject to the submission of the following documentary proof as prescribed in regulation 2(2) of the *Regulations relating to the registration of student workers and the holding of disciplinary inquiries* (Government Notice 102 published in Government Gazette No 34020 of 18 February 2011):
a. A letter from the training institution *confirming* that the field instruction/experiential learning is to be undertaken in the Republic of South Africa, the duration thereof and the placement agreement with an organisation in South Africa.
b. The *original academic record/transcript* issued by the training institution concerned, in which an indication is given of all the subjects or modules and the year course/level in each subject or module the student has already passed and the subjects or modules and year course in each subject or modules for which student are enrolled in the year of application from the university of origin Placement letter from organisation in the Republic of South Africa where the field instruction/experiential learning will be undertaken and the duration thereof. This shall include an indication who will be responsible for the supervision of such field instruction/experiential learning.
c. Any document accompanying this application that is not drawn up in English must be accompanied by a *translation* in English prepared by a certified translator as well as a certified copy of the original document. It is the responsibility of the applicant to have such document(s) translated.
d. Proof of *payment* to the value of the prescribed registration fee in the South African Rand ONLY. (i.e. the Rand value).

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

SECTION I: Bank details

- See Section H-1 on fees payable
- **USE your ID number or passport number as DEPOSIT REFERENCE.** After registration, ALWAYS use your SACSSP registration number as deposit reference.
- 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.

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 student social 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:	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

INSTRUCTIONS:

SECTION J: Declaration

- Read **all parts** of the declaration in *Section J* carefully.
- Sign FORM R.1.SW.3 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.3 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section D* is completed and signed
- FORM R.1.SW.3 is signed on page 6 (*Section 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 copy of highest school qualification (see *Section H-4.1*)
- Certified copy of documentary proof of registration for education and training in social work with a training institution or provider (see *Sections H-4.2 & H-4.3*).
- Additional information required (see *section H-5*)
- 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 with the SACSSP (if applicable)

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 student social worker in terms of section 17A of the Social Service Professions Act 110 of 1978 and the *Regulations regarding the registration of student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) made under the Social Service Professions Act 110 of 1978.

Furthermore, I, **the undersigned**, -

(a) *understand* that I may only practise as a student social worker and use the title *student social worker* while undergoing any field instruction or experiential learning as part of the course in the subject Social Work under the direct supervision and guidance of a registered social worker, subject to being registered as a student social worker with the South African Council for Social Service Professions as contemplated in section 17A of the Social Service Professions Act 110 of 1978 and the *Regulations regarding the registration of student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) made under the Social Service Professions Act 110 of 1978 and upon entry of my name into the *Register for Student Social Workers* as contemplated in section 19 of the Act;

(b) *understand* as contemplated in section 15(1) of the Act, subject to paragraph (a) above, that no person may practise as a student social worker or pretend to be a student social worker without being registered as a student 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 any act, subject to the provisions of paragraphs (a) and (b) above, related to social work while I am a student social worker subject to the payment of my required 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 Student 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 Student 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 student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) (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 Student 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 student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 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

(f) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the *Register for Student 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 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____^{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 Student Social Workers* against his or her name
- Registration certificate issued, if approved
- Registration card issued, if approved
- If applicant indicated an *opt out* in terms of *Section J(f)* it is recorded on the Register against applicant's name.

Registration number allocated, if approved

4 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:
