

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR RESTORATION

CHILD AND YOUTH CARE WORKER (professional category)

To be completed by a *child and youth care worker within the professional category of registration* for the purpose of restoring his or her name to the Register for Child and Youth Care Workers (professional category) as contemplated in section 20(3) of the Social Service Professions Act 110 of 1978

								-			_	_					
SACSSP	SACSSP registration numb	er as o	child &	έ γοι	uth c	are	worł	ker	7	0	-						
37 Annie Botha Avenue Riviera,	A. PERSONAL PA	RTIC	ULA	RS	Th	is is nur	nber alle	ocated to	o you wl	hen you	register	red as c	hild and	youth c	are work	ker for th	ne first time
Pretoria 0084	Title* (mark ONE only with x)	Prof	Dr		Rev		Mr		Mrs		Ms		Miss				
SACSSP																	
Private Bag X12 Gezina	First names* _R (as on ID)																
Pretoria 0031																	
ENQUIRIES:																	
Email: <u>reghelpdesk@sacssp.co.za</u> Telephone: (012) 356 8300	Maiden name* (if applicable)																
www.sacssp.co.za	Surname* (as on ID)																
GENERAL INSTRUCTIONS: 1. FORM R.2.CYC.1 needs to be completed	R																
by a child and youth care worker within the professional category of registration																	
who was registered with the SACSSP and who's name was removed from the	ID number*																
Register for Child and Youth Care Workers (professional category) as contemplated in	Passport No ¹ (if applicable)								Co	untr	y of	orig	jin				
section 20 of the Social Service Professions Act 110 of 1978.	Date of birth* (YYYY/MM/DD)	У	У	У	У	-	m	m	-		d	d					
 IMPORTANT: Persons who register for the FIRST time as a child and youth care worker within the professional category 	Gender ^{2*} _R (mark with X)	Male		Fen	nale		Но	ome	lang	gua	ge						
 should complete FORM R.1.CYC.1. FORM R.2.CYC.1 must be completed <i>personally by the applicant</i> - in print or 	Marital status ^{2*} (mark with x)	Never married		Mar	ried		Divo	rced		Wic	low		Wide	ower			
typed.Study FORM R.2.CYC.1 carefully before completing it.	Population group ² (mark with x) Africar	۱	Colo	oured		Ind	ian		Wh	ite		Ot	her			
5. Read the instructions with each section	Disability ² (mark with x)	Yes	No		If N	(ES	spec	ifv									
and answer all questions fully, clearly and	•					,		,									
correctly.6. Fields that do not apply to you must be	B. CONTACT DET					,		,									
correctly.								,									
correctly.6. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such</i>	B. CONTACT DET							,									
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> next to the correction made 	B. CONTACT DET																
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field.</i> If you have to make any corrections to your answers - <i>initial</i> 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 application is completed 	B. CONTACT DET									Po	osta		de				
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 supporting documents. 	B. CONTACT DET									Po	osta		de				
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required</i> 	B. CONTACT DET Postal address*									Po	osta		de				
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 supporting documents. See Section G for the documents that must 	B. CONTACT DET Postal address*									Po	osta		de				
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 supporting documents. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered 	 B. CONTACT DET Postal address* Residential address* 									Pc	osta		de				
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 application. Therefore, make sure that the application is completed correctly and submitted with <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. 	B. CONTACT DET Postal address*																
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of persons registered in terms of section 19 of 	 B. CONTACT DET Postal address* Residential address* Town*_R 									Po	osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 supporting documents. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of 	 B. CONTACT DET Postal address* Residential address* 			GA	KZ				NW		osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 supporting documents. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public. 	 B. CONTACT DET Postal address* Residential address* Town*_R 			GA					NW	Po	osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1 Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page 7</i>. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public. INSTRUCTIONS Registration number Must be completed by all applicants. Insert the registration number with the SACSSP that was allocated to you when you registered for the 	 B. CONTACT DET Postal address* Residential address* Town*_R Province*_R (mark with x in block) 			GA					NW	Po	osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public. INSTRUCTIONS Registration number Must be completed by all applicants. Insert the registration number with the SACSSP that was allocated to you when you registered for the first time a <i>child and youth care worker within the professional category of registration</i>. 	 B. CONTACT DET Postal address* Residential address* Town*_R Province*_R (mark with x in block) Email* (write clearly) 			GA					NW	Po	osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public. INSTRUCTIONS Registration number Must be completed by all applicants. Insert the registration number with the SACSSP that was allocated to you when you registered for the first time a <i>child and youth care worker within</i> 	 B. CONTACT DET Postal address* Residential address* Town*_R Province*_R (mark with x in block) Email* (write clearly) Mobile / Cel number* 			GA					NW	Po	osta						
 correctly. Fields that do not apply to you must be clearly deleted. <i>Draw a line through such field</i>. If you have to make any corrections to your answers - <i>initial</i> 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 <i>all the required supporting documents</i>. See Section G for the documents that must accompany FORM R.2.CYC.1. Complete the checklist at the end of FORM R.2.CYC.1 before you submit it. Print and return this original FORM R.2.CYC.1 to the SACSSP by registered mail or courier mail services for ease of tracking. <i>Address is on page</i> 7. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public. INSTRUCTIONS Registration number Must be completed by all applicants. Insert the registration number with the SACSSP that was allocated to you when you registered for the first time a child and youth care worker within the professional category of registration. 	 B. CONTACT DET Postal address* Residential address* Town*_R Province*_R (mark with x in block) Email* (write clearly) Mobile / Cel number* Telephone (work)* 			GA						Po	osta						

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

South African Council for Social Service Professions

FORM R.2.CYC.1

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

INSTRUCTIONS: SECTION C-1c: Subjects	1.										
See previous page	2. •										
	YEAR 3.										
	4.										
	5.										
 SECTION C-2a: Qualification in humanities Must be completed by applicants. with a qualification in humanities e.g. Bachelor of Arts with sociology/ psychology/development studies/elective modules related to humanities (see as contemplated in regulation 16(1)(c) of the Regulations for child and youth care workers, auxiliary child and youth care workers). NB: A certified copy of documentary proof of the qualification indicated in Section C-2a must be attached to this application (FORM R.2.CYC.1). 	Particu Name c Contact Telepho Country	Information on your first qualification (pre-registration) ars of training institution (University, college, etc) Institution _R person ne (work)) in humanities see regulation 16(1)(c)								
	Qualific	tion Degree Diploma	NHC Child & Youth Care								
	Duratio	of course 2 years 3 years	4 years								
	Name c	qualification _R									
	Date or	which you initially registered as a student for this qualification	ation								
	Date or	which this qualification was/will be conferred upon you:									
SECTION C-2b: Subjects • Must be completed by applicants.	C-2b.	Subjects related to above qualification (COMPULSARY to compl	lete by all applicants)								
Write name of each subject per academic year in the appropriate space plus the subject code of each (the latter are		Name of subject or module	Subject code								
allocated by the training institution and can be found on your academic record or in the Academic Year Book of the Institution.	1.										
 If you need additional space (more than 5 subjects), please add a page to FORM R.2.CYC.1 and mark it clearly (on top 	2.										
of the page) "SECTION C-2b" with an indication of the academic year.	XEAR 3.										
 IMPORTANT: The SACSSP may request that you submit the original (not copy) of documentary proof issued by the training 	4.										
institution, <i>if this is not on record with the</i> SACSSP, in which an indication is given of ALL the subjects you have passed	5.										
during all four years of study and the duration of the course in each subject, if the subjects and the duration of the course	1.										
in each subject have not been stated on the degree/diploma certificate, must be attached in order to be re-entered into the	2.										
Register.	YEAR 2 3.										
	¥ 4.										
	5.										
			the page								
	1. 2.										
	YEAR 3 .		SECTION C.2b continues on the next page								
	4.										
	5										
	5.		SECT								

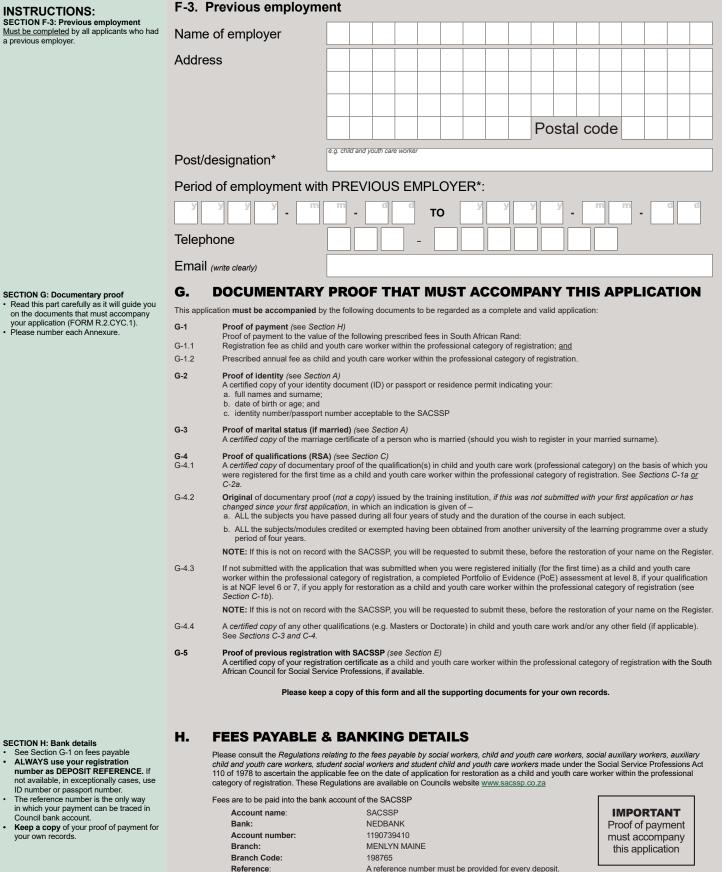
INSTRUCTIONS:		1.									
SECTION C-2b: Subjects See previous page. 		2.									
	R 4										
	YEAR 4	3.									
		4.									
		5.									
SECTION C-3: Advanced qualifications	C-3.	Aca	ademic particulars of adv	anced qua	lification(s) in child and y	outh care work					
 Only complete <i>if applicable</i>. Date conferred refers to date when the qualification was conferred upon you by the training institution. 	_		Qualification _R		Training institution _R	Date conferred					
 NB: Certified copies of documentary proof of the qualifications in Section C-3 must be attached to this application (FORM 	1										
R.2.CYC.1)in order to be entered into the Register.	2										
	3										
SECTION C-4: Other qualifications • Only to be completed <i>if applicable</i> . • NB: Certified copies of documentary proof	C-4. field	Aca s of	ademic particulars of adv study which you posses	anced (pos s	st-registration) qualificatio	on(s) in other					
of the qualifications in Section C-4 must be attached to this application (FORM R.2.CYC.1) in order to be entered into the Register.			Qualification		Training institution	Date conferred					
,	1										
	2										
SECTION D: General	D.		GENERAL								
 <u>Must be completed</u> by all applicants. Answer all questions honestly. If you need additional space, please add 	All	All of the following questions must be answered (mark with x)									
a page to FORM R.2.CYC.1 and mark it clearly (on top of the page) "SECTION D" with the number of the question.	1.		you ever been found guilty of unpr SSP? If YES , complete the rest <i>(mark</i>			NO					
	1.1	- were	you reprimanded or cautioned?	Y N	1.2 - was your registration suspended?	Y N					
	1.3	- was y	your registration cancelled?	Y N	1.4 - was the imposition of a penalty pos	stponed? Y N					
	1.5	- was t	the execution of your penalty suspended?	Y N							
	2.	Have nature passed	you ever been found guilty of an of of the offence of which you were convicted, f d:	fence by a cou the year in which it	rt of law? If YES, specify the YES took place and the sentence	NO					
	[Nature	e of offence	Year	Sentence						
	3.	Are a	ny legal steps pending against you	at present? If V	ES, specify what steps below. YES	ΝΟ					
	U.	Alcu									
	L		DISCLOSI		MINAL OFFENCES						
	Cou	incil suo	n who apply to be registered as a child and ch offence as stipulated in regulation 28 of th	youth care worker he <i>Regulations for</i>	and who has been convicted of a criminal of child and youth care workers, auxiliary child and	d youth care workers and					
		student	child and youth care workers (Government No	tice No. 838 of 201	4 published in Government Gazette No. 38135	of 31 October 2014).					

FORM R.2.CYC.1

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

INSTRUCTIONS: E. REGISTRATION HISTORY											
• <u>Must be completed</u> by all applicants in	E-1. Have you previously applied for registration with the SACSSP? (mark with x)										
order to be re-entered into the Register. YES NO If YES, what was the result? (mark with x) Approved Declined I	Incomplete										
If APPROVED, were you registered as: (mark with x)	If APPROVED, were you registered as: (mark with x)										
Social worker Child & youth care worker											
Social auxiliary worker Auxiliary child & youth care wor	ker										
Student social worker Student child & youth care work	ker										
Student social auxiliary worker Student auxiliary child & youth care	worker										
Indicate registration number (see Registration Certificate)											
F. EMPLOYMENT PARTICULARS											
SECTION F-1: Employment status <u>Must be completed</u> by all applicants in order F-1. Mark ONE most appropriate option (mark ONE only with X)											
to be re-entered into the Register. Full time employed Part-time employed Self-employed Unemployed	ed										
Retired _R Final year student Other' (specify)											
SECTION F-2: Current employment (if applicable)											
Must be completed by all applicants, EXCEPT persons who are unemployed or retired.											
Street address*											
Town* _R Postal code											
Postal address* (if different)											
Postal code											
Telephone - - - - -	Telephone										
Email (write clearly)											
Fax number -	Fax number -										
Date started with present employer*	Date started with present employer*										
Post/designation*	Post/designation*										
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											

Proceed to SECTION F-3 on the next page



INSTRUCTIONS

- SECTION J: Declaration · Read all parts of the declaration in Section / carefully
- Sign FORM R.2.CYC.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.2.CYC.1 is completed correctly
- All applicable fields and pages are completed and I have double checked
- FORM R.2.CYC.1 is signed on page 7 (Section I)

- Attachments
 Proof of payments (see Section G-1)
- Certificated copy of ID (see Section G-2)
- Proof of marital status if applicable (see Section G-3)
- Certified copies of qualifications (see Section G-4.1)
- Proof of previous registration a child and youth care worker within the professional category of registration with the SACSSP (see Section G-5)
- Other (see Sections G-4.2 and G-4.3) if applicable

DECLARATION

١.

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 the restoration of my name as a child and youth care worker within the professional category of registration to the Register for Child and Youth Care Workers (professional category) in terms section 20(3) of the Social Service Professions Act 110 of 1978.

Furthermore, I, the undersigned, -

(a) understand that I may only practise as a child and youth care worker³ and use the title child and youth care worker, subject to being registered as a child and youth care worker within the professional category of registration with the South African Council for Social Service Professions as contemplated in sections 15 and 18A of the Act and upon entry of my name into the Register for Child and Youth Care Workers (professional category) as contemplated in section 19 of the Act;

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

(c) may only, in terms of the Act, practise as a child and youth care worker subject to the payment of my annual fees as prescribed on or before 1 January of every year. Failure to pay such fee or any other fee within three months after the due date will result in my name being removed from the Register for Child and Youth Care Workers (professional category) in accordance with section 20(1)(d) of the Act

(d) understand that it is my responsibility to keep my particulars in the Register for Child and Youth Care Workers (professional category) up (a) understand that it is in ytosponsibility to keep my particulars in the register of online and out of our out of the source professional spherospheric and study of the source profession 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 (professional category) as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (This to be done through FORM-RR.1);

(e) studied the provisions of the Social Service Professions Act 110 of 1978, the Regulations for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) and other relevant Regulations (available from the Government Printers or can be downloaded at www.sacssp.co.za); and

(f) agree that if the Registrar receives a request in terms of section 18A(6)(b) for access to the Register for Child and Youth Care Workers (professional category) kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information not already available to the public from the Register), i.e. postal address⁴ 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

IMPORTANT

Incomplete applications cannot be processed and will be referred back to the applicant. This will cause an ssary 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.

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

The Registrar SACSSP Private Bag X12 Gezina Pretoria 0031

INTERNAL REVIEW

Aplication is (mark with x)

APPROVED

Date

Proof of subjects - original (see Section G-4.2)

Date notice send on records required as indicated

Name & Surname

Signature

above

OR by courier to: The Registrar

SACSSP 37 Annie Botha Avenue Riviera. Pretoria 0084

Signature: Applicant

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

COMMENTS:

INCOMPLETE and is referred back to the applicant to

APPROVED⁵ subject to the provision of the following records (if not on record with the SACSSP when person registered for the first time): (mark with X)

le the missing information

FOR OFFICE USE ONLY Do not complete

INTERNAL CHECK LIST

- Record of previous registration with the SACSSP found.
- No record of previous registration with the SACSSP found. Applicant informed accordingly with an indication that he or she will be registered and not restored (and that the additional information required need to be submitted)
- Applicant informed about outcome on (date)
- Application and supporting documents filed on applicant's file
- Proof of subjects (G-4.2) on file, if not, request.
- Portfolio of Evidence (PoE) on file, if not, request (G-4.3).
- Applicant's details updated and restored on the Register for Child and Youth Care 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 I(f) record on the Register against

applicant's name.	5
Registration number allocated, if restored	⁵ This does not apply to incomplete applications. Only applicable to applications where the records as indicated in G-4.2 and G-4.3, which should have been submitted with the original aplication that formed the basis for the registration of the person for the first time, are not on the person's file. These are then requested as indicated.
70-	

DECLINED and the reasons for the decision provided

Portfolio of Evidence (PoE) assessment at level 8 (see Section G-4.3)

Date records required as indicated above were

received from applicant