

INSTRUCTIONS:

Please ensure that you complete the correct section:

Section C-1: Persons with a basic qualification in child and youth care work within the professional category of registration.

Section C-2: Persons with a basic qualification in humanities as contemplated in regulation 16(1)(c) of the *Regulations for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers.*

SECTION C-1a: First qualification

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

SECTION C-1b: NQF

- Must be completed by all applicants.
- The SACSSP may request that you submit a completed Portfolio of Evidence (PoE) assessment at level 8, if your qualification is at NQF level 6 or 7, if this is not on record with the SACSSP.

SECTION C-1c: Subjects

- Must be completed by all applicants.
- Write name of each subject per academic year in the appropriate space plus the subject code of each (the latter are allocated by the training institution and can be found on your academic record or in the Academic Year Book of the Institution.
- If you need additional space (more than 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 indication of the academic year.
- **IMPORTANT:** The SACSSP may request 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 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, in order to be re-entered into the Register.

C. ACADEMIC PARTICULARS

C-1a. Information on your first qualification in child & youth care 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 NHC Child & Youth Care

Duration of course 2 years 3 years 4 years

Name of qualification_R e.g. B.Tech (CYCW)

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

NQF level 6 NQF level 7 NQF level 8

Post graduate or advanced qualifications in child and youth care work need to be indicated in section C-3

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

	Name of subject or module	Subject code
YEAR 1	1. <input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>
	4. <input type="text"/>	<input type="text"/>
	5. <input type="text"/>	<input type="text"/>
YEAR 2	1. <input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>
	4. <input type="text"/>	<input type="text"/>
	5. <input type="text"/>	<input type="text"/>
YEAR 3	1. <input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>
	4. <input type="text"/>	<input type="text"/>
	5. <input type="text"/>	<input type="text"/>

SECTION C-1c continues on the next page

INSTRUCTIONS:
SECTION C-1c: Subjects

- See previous page

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 and student 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).

SECTION C-2b: Subjects

- **Must be completed** by applicants.
- Write name of each subject per academic year in the appropriate space plus the subject code of each (the latter are allocated by the training institution and can be found on your academic record or in the Academic Year Book of the Institution).
- 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 of the page) "SECTION C-2b" with an indication of the academic year.
- **IMPORTANT:** The SACSSP may request 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 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 re-entered into the Register.

YEAR 4	1.		
	2.		
	3.		
	4.		
	5.		

C-2a. Information on your first qualification (pre-registration) in humanities
see regulation 16(1)(c)

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 NHC Child & Youth Care

Duration of course 2 years 3 years 4 years

Name of qualification_R

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

- -

Date on which this qualification was/will be conferred upon you:

- -

C-2b. Subjects related to above qualification (COMPULSARY to complete by all applicants)

	Name of subject or module	Subject code
YEAR 1	1.	
	2.	
	3.	
	4.	
	5.	
YEAR 2	1.	
	2.	
	3.	
	4.	
	5.	
YEAR 3	1.	
	2.	
	3.	
	4.	
	5.	

SECTION C-2b continues on the next page

INSTRUCTIONS:
SECTION C-2b: Subjects

- See previous page.

SECTION C-3: 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-3* must be attached to this application (FORM R.2.CYC.1) in order to be entered into the Register.

SECTION C-4: Other qualifications

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

SECTION D: General

- Must be completed by all applicants.
- Answer all questions honestly.
- If you need additional space, please add 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.

YEAR 4	1.	<input type="text"/>	<input type="text"/>
	2.	<input type="text"/>	<input type="text"/>
	3.	<input type="text"/>	<input type="text"/>
	4.	<input type="text"/>	<input type="text"/>
	5.	<input type="text"/>	<input type="text"/>

C-3. Academic particulars of advanced qualification(s) in child and youth care 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-4. 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. 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 child and youth care worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 28 of the *Regulations for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers* (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014).

INSTRUCTIONS:

SECTION E-1: Registration History

• Must be completed by all applicants in order to be re-entered into the Register.

E. REGISTRATION HISTORY

E-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) -

F. EMPLOYMENT PARTICULARS

F-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)

F-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. child and youth care 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 F-1: Employment status

Must be completed by all applicants in order to be re-entered into the Register.

SECTION F-2: Current employment

Must be completed by all applicants, EXCEPT persons who are unemployed or retired.

INSTRUCTIONS

SECTION J: Declaration

- Read **all parts** of the declaration in *Section I* 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

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.

I. 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 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 to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed in the *Regulations for child and youth care workers, auxiliary child and youth care workers and student child and youth care workers* (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) (regulation 27) within three months of any name change with supporting evidence and within six weeks of any change in my residential or postal address or other contact details as indicated in this form as to enable the Registrar to update my details in the *Register for Child and Youth Care Workers (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

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

OR

by courier to:

The Registrar
SACSSP
Private Bag X12
Gezina
Pretoria
0031

The Registrar
SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

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

FOR OFFICE USE ONLY
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.

Registration number allocated, if restored

7 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.

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)

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

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

Date notice send on records required as indicated above

Date records required as indicated above were received from applicant

⁵This 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 application 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.