

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR RESTORATION

CHILD AND YOUTH CARE WORKER (auxiliary category)

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

SACSSP	SACSSP registration numb (auxiliary category)				-					9	0	-						
37 Annie Botha Avenue Riviera, Pretoria	A. PERSONAL PA					to you	when yo	ou regist	ered as	child an	d youth	care wo	orker witi	hin the a	auxiliary	category	for the	first time
0084	Title* (mark ONE only with x)	Prof		Dr		Rev		Mr		Mrs		Ms		Miss				
SACSSP Private Bag X12	First names*, (as on ID)																	
Gezina Pretoria 0031	R (
ENQUIRIES																		
Email: reghelpdesk@sacssp.co.za Telephone: (012) 356 8300	Maiden name* (if applicable)									_								
www.sacssp.co.za																		
GENERAL INSTRUCTIONS: 1. FORM R.2.CYC.1 needs to be completed	Surname* (as on ID)	-																
by a child and youth care worker within the auxiliary category of registration										1]	
who was registered with the SACSSP and who's name was removed from the Register for Child and Youth Care Workers	ID number*																	
(<i>auxiliary category</i>) as contemplated in section 20 of the Social Service Professions	Passport No ¹ (if applicable)									Со	untr	y of	orig	in				
Act 110 of 1978. 2. IMPORTANT: Persons who register for	Date of birth* (YYYY/MM/DD)	7			У	У	-	m		-		a	d					
the FIRST time as a child and youth care worker within the auxiliary category of registration should complete FORM		М	ale		Fem	nale		H	ome	lan	gua	ge						
R.1.CYC.2.FORM R.2.CYC.2 must be completed	Marital status ^{2*} (mark with x)		ever rried		Mari	ried		Divo	orced		Wic	low		Wide	ower			
personally by the applicant - in print or typed.	Population group ² (mark with x)		x) African Coloured Indian		White				Ot	her								
 Study FORM R.2.CYC.2 carefully before completing it. 	Disability ² (mark with x)			No		lf V	YES, specify							l				
 Read the instructions with each section and answer all questions fully, clearly and correctly. 				NO			. 20,	spec	, in y									
correctly. 6. Fields that do not apply to you must be	B. CONTACT DET	AIL	.3														,	
clearly deleted. Draw a line through such field.	Postal address*																	
 If you have to make any corrections to your answers - <i>initial</i> next to the correction made in the right margin. 																		_
8. Incomplete and/or non-compliant applications will not be processed and will		-									D	ooto	l cod	10				
be refered back to the applicant. Therefore, make sure that the application is completed correctly and submitted with <i>all the required</i>											P	Jsia		je				
supporting documents.9. See Section H for the documents that must	Residential address*	_																_
accompany FORM R.2.CYC.2. 10.Complete the checklist at the end of																		
FORM R.2.CYC.2 before you submit it. 11. Print and return this original FORM	- ·																	
R.2.CYC.2 to the SACSSP by registered mail or courier mail services for ease of	Town* _R	_										4 .		1.				
tracking. <i>Address is on page 8.</i> 12.Council is required to keep a Register of											P	osta	l cod	e				
persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public.	$Province^*_{R} (\textit{mark with } \textbf{x} \textit{ in block})$	EC	` FS		GA	ΚZ	LF		MP	NW	NC	; v	vc					
INSTRUCTIONS	Email* (write clearly)																	
Registration number <u>Must be completed</u> by all applicants. Insert the registration number with the SACSSP that was	Mobile / Cel number*																	
allocated to you when you registered for the <u>first time</u> a child and youth care worker within the auxiliary category of registration.	Telephone (work)*					-												
• ALL fields in Section A marked with an *	Telephone (home)					- [
must be completed. SECTION B: Contact details	Fax number					-												
 ALL fields in Section B marked with an * must be completed. 	¹ Only complete if you do not have an ID number					2	Informa	ation for	equity a	nd statis	stical pu	rposes						

Proceed to SECTION C on the next page

NON NOBIS - Not for ourselves

ACADEMIC PARTICULARS C. **INSTRUCTIONS:** Please ensure that you complete the correct section: Section C-1: Persons with a FET C-1a. Information on your FETC qualification in child & youth care work Certificate in child and youth care equivalent to an NQF Level 4 qualification Particulars of training institution (University, college, accredited training provider, etc) registered with SAQA. Section C-2: Persons who will be Name of Institution, submitting a portfolio of evidence (PoE) on theoretical and practical learning equivalent to 1 650 hours as provided for in regulation 17(1)(b) of the *Regulations for child and* Contact person youth care workers, auxiliary child and youth care workers and student child and Telephone (work) youth care workers. SECTION C-1a: First gualification Country (If not in South Africa) <u>Must be completed</u> by all applicants in order to be re-entered into the Register Academic information of applicant* (mark with x) 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.2). Qualification FETC Other (specify) Duration of course 1 year 2 years 3 years e.g. FETC (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. Subjects related to above qualification (COMPULSARY to complete by all applicants) SECTION C-1c: Subjects <u>Must be completed</u> by all applicants. Write name of each subject per academic Name of subject or module Subject code year in the appropriate space plus the subject code of each (the latter is allocated by the training institution). If you need additional space (more than 1. 5 subjects), please add a page to FORM R.2.CYC.2 and mark it clearly (on top 2. of the page) "SECTION C-1b" with an indication of the academic year. YEAR . IMPORTANT: The SACSSP may request that you submit the original (not copy) of 3. documentary proof issued by the training institution, if this is not on record with the 4. SACSSP, in which an indication is given of ALL the subjects you have passed during 5. 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 certificate, in 1. order to be re-entered into the Register. 2. YEAR 2 3. 4. 5. 1. 2. YEAR 3 3. 4. 5. NOTE TO APPLICANTS WHO COMPLETED SECTION C-1a: • If you have completed Section C-1a, please proceed to Sections C-3 and C-4, if applicable

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INSTRUCTIONS: SECTION C-2a: Theoretical & practical

- SECTION C-2a: Theoretical & practical learning
- Must be completed by applicants who do not have a completed FETC qualification in order to be re-entered into the Register
 Indicate each course or workshop or
- Indicate each course of workshop of training and the number of hours of each.
 If you need additional space, please add a page to FORM R.2.CYC.2 and mark it clearly (on top of the page) "SECTION C-2a" with an indication of the academic vear.
- year. The SACSSP may request that you submit documentary proof of <u>each</u> course or workshop or training indicated in Section C-2a, if this is not on record with the SACSSP.
- IMPORTANT: The SACSSP may request that you submit a portfolio of evidence (PoE), which must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work, if this is not on record with the SACSSP.

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

• 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.2 in order to be entered into the

R.2.CYC.2).

Register.

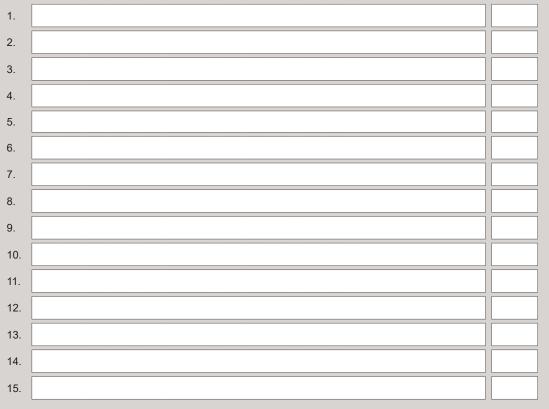
C-2a. Theoretical and practical learning equivalent to 1 650 hours

Only complete this section only if you **do not** have a completed FETC qualification, but have completed 1650 hours of theoretical and practical learning as provided for in regulation 17(1)(b).

Regulation 17(1)(b) stipulates that a person who have obtained theoretical and practical learning equivalent to1 650 hours <u>prior</u> to the commencement of compulsory registration in terms 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), approved by the Council and provided that the applicant submits a portfolio of evidence, which must include an assessment proving that the candidate meets the outcomes reflected in the FET Certificate in child and youth care work.

Course/ workshop / training (please provide correct title)

Hours



Calculate and insert the total number of hours (all courses, workshops and trainings, including those added on an additional page, if applicable)

Total number of hours

C-3. Academic particulars of advanced qualification(s) in child and youth care work

	Qualification _R	Training institution _R	Date conferred
1			
2			
3			

C-4. Academic particulars of advanced (post-registration) qualification(s) in other fields of study which you possess

	Qualification _R	Training institution _R	Date conferred
1			
2			
3			

Proceed to SECTION D on the next page

2

FORM R.2.CYC.2

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

SECTION D: General	D.	GENE	RAL													
 <u>Must be completed</u> by all applicants. Answer all questions honestly. If you need additional space, please add 	All	of the follo	wing que	estions	must	be a	nswer	ed (mark	with 🗙)							
a page to FORM R.2.CYC.2 and mark it clearly (on top of the page) "SECTION D" with the number of the question.	1.	Have you ever SACSSP? If Y							duct by	the	YE	s		NO]
	1.1	- were you reprim	anded or cautio	ned?	Y	N	1.2	- was yo	ur regist	tration s	suspend	led?		Y	N	
	1.3	- was your registra	ation cancelled?	?	Y	Ν	1.4	- was the	e imposi	tion of a	a penalt	y postpo	ned?	Y	N]
	1.5	- was the execution	on of your penal	Ity suspended	d? Y	N										
	2.	Have you ever nature of the offen passed:									YE	s		NO		
		Nature of offence	9		Ye	ar	Ser	ntence								
	3.	Are any legal s	steps pending	g against y	vou at pr	esent?	If YES , s	pecify what	steps be	elow.	YE	s		NO]
		y person who appl uncil such offence a	y to be registere		and youth	care wo	orker and v	vho has bee	en convi	cted of						J
		student child and yo	outh care workers	s (Governmer	nt Notice N	o. 838 o										
	Ε.		TRATIC	-	-											
 SECTION E-1: Registration History <u>Must be completed</u> by all applicants. Final year students in child and youth care 	E-1.	Have you	previous	sly appli	ied fo	r reg	istratio	on with	1 the	SAC	CSSF	?? (ma	rk with X	.)		_
work (auxiliary level) need to indicate their registration number as student child and youth care worker starting with 80 - in the appropriate area on the right.	YES		lf YES , wha				· ·	proved		Decli	ned		Incom	plete		
	If APPROVED, were you registered as: (mark with x) Social worker Child & youth care worker															
		Soc	ial auxiliary w	vorker				Auxiliary child & youth care worker								
			dent social w					Student child & youth care worker								
	Student social auxiliary worker							Student auxiliary child & youth care worker								
	Indicate registration number (see Registration Certificate)															
SECTION F-1: Employment status	F.	Ū	YMENT				,				l][] [
Must be completed by all applicants.	F-1.	Mark ONE	E most ap	propria	ite op	tion	(mark ONE	only with 🗙	()							
		ne employed		art-time emp				mployed			Un	employ	red			
	Retire	d _R	Fir	nal year stu	dent		Othe	r' (specify)								
• <u>Must be completed</u> by all applicants,	F-2.	Current e	mployme	ent (if appli	icable)											
EXCEPT persons who are unemployed or retired.	Nam	ne of employ	yer* _R								Т					
 If you are <u>currently</u> (on the day you submit this application) <u>employed</u> as a child and youth care worker (auxiliary level) or invite the the liver and the set of the set o	Stre	et address*														
similar, whether fulltime or part-time: • you must attach a copy of your current job-description signed by the manager or designated person of your employer to this application (FORM R.2.CYC.2).																
Section I must be completed and signed by your employer.	Tow	n* _R				_				Do	atol					_
										20	stal o	Joue				

Page 4 of 8

South African Council for Social Service Professions

FORM R.2.CYC.2

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

INSTRUCTIONS: SECTION F-2: Current employment See previous page	Postal address* (if different) Image: Control of the second s
	Telephone -
	Email (write clearly)
	Fax number -
	Date started with present employer*
	Post/designation* e.g. child and youth care worker (auxiliary category)
	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-3: Previous employment Must be completed by all applicants who had	F-3. Previous employment
a previous employer	Name of employer
	Address
	Postal code
	Post/designation*
	Period of employment with PREVIOUS EMPLOYER*:
	Telephone
	Email (write clearly)
	Proceed to SECTION G on the next page
	8 9 9

INSTRUCTIONS:	G.	DOCUMENTARY	PROOF THAT MUST ACCO	MPANY THIS APPLICATION
SECTION G: Documentary proof • Read this part carefully as it will guide you	This appl		the following documents to be regarded as a comple	
on the documents that must accompany	G-1	Proof of payment (see Section		
your application (FORM R.2.CYC.2). Please number each Annexure	G-1.1		of the following prescribed fees in South African Rar youth care worker within the auxiliary category of reg	
	G-1.2	Prescribed annual fee as chil	d and youth care worker within the auxiliary category	of registration.
	G-2	a. full names and surname;b. date of birth or age; and	n A) ty document (ID) or passport or residence permit indi number acceptable to the SACSSP	cating your:
	G-3	Proof of marital status (if m A <i>certified copy</i> of the marriag	arried) (see Section A) ge certificate of a person who is married (should you	wish to register in your married surname).
	G-4 G-4.1	Proof of qualifications (RSA A certified copy of documenta	A) ry proof of the the highest school grade (e.g. grade 1	2) you have passed.
	G-4.2 G-4.2.1	Original of documentary proc changed since your first appli a. ALL the subjects you have		was not submitted with your first application or has
	G-4.3	If your initial registration whic	OR h you want to be restored was in accordance with rec	gulation 17(1)(b) the following must be attached to this
	G-4.3.1	application if this was not sub	witted with your first application or has changed sind ourse or workshop or training indicated in Section C-	e your first application:
	G-4.3.2		which must include an assessment proving that the care work.	
	G-4.4		OR h you want to be restored was in accordance with reg mitted with your first application or has changed sinc	
	G-4.4.1	documentary proof acceptabl	e to the SACSSP that he or she is practising or emplo	oyed as a child and youth care worker (auxiliary level);
	G-4.4.2	a job description acceptable t care worker (auxiliary level);		at he or she meets the job profile of a child and youth
	G-4.4.3	a declaration to the SACSSP employment contract with the		d employment designation is a true reflection of his or her
			nentioned in G-4.2.1, G-4.3.1, G-4.3.2, G-4.4.1,G-4.4 ed to submit these, before the restoration of your nan	.2 and/or G-4.4.3, as aplicable, is not on record with the ne on the Register.
	G-5	Additional qualifications A certified copy of any other of See Sections C-3 and C-4.	qualifications (post graduate) in child and youth care v	work and/or any other field (if applicable).
	G-6		y you submit this application) employed as a child and	youth care worker (auxiliary level) or similar, whether the manager or designated person of your employer.
	G-7 G-7.1		your employer in Section I specifying the following pervised by a child and youth care worker within the p	
	G-7.2	The nature, content and durat	•	
	G-7.3		youth care worker supervising you is aware of the fact ithin the auxiliary category of registration.	that he or she is legally co-responsible for your acts as a
	G-7.4	The official title of the post you	ı hold.	
	G-8	A certified copy of your registr	ACSSP by final year students (see Section E) ation certificate as a child and youth care worker with ouncil for Social Service Professions, if available.	in the auxiliary category of registration that was previously
		Please keep	a copy of this form and all the supporting docume	ents for your own records.
SECTION H: Bank details	н.		& BANKING DETAILS	
 See Section H-1 on fees payable ALWAYS use your registration number as DEPOSIT REFERENCE. If not available, in exceptionally cases, use ID number or passport number. 		child and youth care workers, stu Act 110 of 1978 to ascertain the a	elating to the fees payable by social workers, child and ident social workers and student child and youth care applicable fee on the date of application for registration egulations are available on Councils website <u>www.sac</u>	as a child and youth care worker within the auxiliary
 The reference number is the only way in which your payment can be traced in 		Fees are to be paid into the bank	account of the SACSSP	
Council bank account. • Keep a copy of your proof of payment for		Account name:	SACSSP	IMPORTANT
your own records.		Bank: Account number:	NEDBANK 1190739410	Proof of payment
				must accompany

Proceed to SECTION I on the next page

If you are employed (fulltime or part-time) at the time of restoration, Section I on the next page must be completed.

MENLYN MAINE

A reference number must be provided for every deposit.

198765

Branch:

Branch Code:

Reference:

this application

UNDERTAKING FROM EMPLOYER OF CHILD & YOUTH CARE WORKER I. INSTRUCTIONS: to be restored within the auxiliary category of registration. SECTION I: Undertaking by employer • Only to be completed if employed (fulltime ١, or part-time) at the time of application for toration full names and surname of person designated by the employing organisation · Section I must be completed by the employer or person designated by the designated by emplover. name of employing organisation The applicant may not complete Section I. · Regulation 19 of the Regulations for child hereby declare and confirm that and youth care workers, auxiliary child and youth care workers and student child full names and surname of child and youth care worker (auxiliary category) and youth care workers (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) indicates that a child and youth care worker registered in the auxiliary category may only perform the acts described in the scope of practice for child and youth care work within with ID number a. is in employ of our organisation/department as a child and youth care worker practicing within the auxiliary category and will work under the direct supervision and guidance of a child and youth care worker³ within the professional category registered with the SACSSP as contemplated auxiliary category of registration under the supervision of a registered child and youth care worker³ (professional category). Whereas regulation 20(2)(d) states that "in in regulation 20(2)(d) 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). the case of a child and youth care worker practicing within the auxiliary category, b. the name of the child and youth care worker³ supervising the child and youth care worker practicing within the auxiliary category will be inserted into his or her personal file and if there is a change the file will be updated without delay. a confirmation from his or her employer that the child and youth care worker may c. we understand and undertake that in the case where our organisation does not have a registered child and youth care worker³ in our employ, that we are obliged to find and contract at the cost of the organisation such a registered child and youth care worker³ to supervise the child and youth care function under a registered child and youth care worker See G-7 of FORM R.2.SW.2 for more worker practicing within the auxiliary category. information. d. we understand that if the child and youth care worker practicing within the auxiliary category is not working under the supervision of a registered child The details of the registered child and youth care worker³ who at the time of this and youth care worker⁸, he or she is contradicting the provisions of the Social Service Professions Act 110 of 1978 and 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 application will be supervising the child and youth care worker practicing within the in Government Gazette No. 38135 of 31 October 2014) and that our organisation as employer will be equally liable for any legal actions that may be instituted auxiliary category must be inserted in the applicable fields and he or she must sign Street address* in the designated space. Section J must be signed by: the manager of the unit where the child and youth care worker practicing within the auxiliary category will practise under the supervision of a registered child and youth care worker3; and Town* CEO/Director of the organisation/ head of the office in case of a Postal code decentralised organisation or in case of a government department by person with a designation not lower than that of a deputy director. Telephone · Section I must contain the official date Email (write clearly) stamp of the organisation or department to be valid. In the case where an organisation does not have an official stamp, the Fax number allocated space must be signed by another party other than the two parties Details of child and youth care worker³ who will be supervising the child and youth who signed the declaration.No application for the registration of a child care worker practicing within the auxiliary category (must be provided) and youth care worker practicing within the auxiliary category who is employed at Name and surname the time of registration will be considered without all fields in *Section I* been completed and it being signed as required. 0 SACSSP Registration number 7 Years experience Email* (write clearly) Telephone (work)* Mobile / Cel number* Signature: Supervising child and youth care worker Date Declaration by employer We declare that the information furnished is true and correct in all respects and that we undertand the content of this undertaking. We are unaware of anything which would serve as an impediment to the restoration of the child and youth care worker practicing within the auxiliary category mentioned in this section. place yea Signed at 20 on of ORIGINAL OFFICIAL DATE Signature: Person designated by employer Signature: CEO/ Director / Head of Office STAMP OF ORGANISATION/ DEPARTMENT

NON NOBIS - Not for ourselves

³ Child and youth care worker in this section means a child and youth care worker within the professional category of registration

Initials and surname

Initials and surname

INSTRUCTIONS

- SECTION J: Declaration · Read all parts of the declaration in
- Section J carefully. Sign FORM R.2.CYC.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 following

- FORM R.2.CYC.2 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section I is completed and signed (if employed). Also see Section G-7
- FORM R.2.CYC.2 is signed on page 8 (Section J)

- 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 copy of highest school qualification (see Section G-4.1)
- Certified copies of qualifications (see Section G-4.2)
- ☐ Job-description if employed (see Section G-6)
- Proof of previous registration a child and youth care worker within the auxiliary category of registration with the SACSSP (see Section G-8)
- Other (see Sections G-4.2.1, G-4.3.1, G-4.3.2, G-4.4.1, G-4.4.2 and/or G-4.4.3, as aplicable)

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.

DEC	;LA	RA	TI	10	1

J.

S

INTERNAL REVIEW

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 auxiliary category of registration to the Register for Child and Youth Care Workers (auxiliary 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 worker (auxiliary category) and use the title *child and youth care worker* (auxiliary level) or auxiliary child and youth care worker, subject to being registered as a child and youth care worker within the auxiliary 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 (auxiliary 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 or pretend to be a child and youth care worker (auxiliary category) if he or she is not registered as a child and youth care worker within the auxiliary 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) understand that I am required by law in accordance with regulation 19 of the Regulations for child and youth care workers, auxiliary child and youth care workers (Government Notice No. 838 of 2014 published in Government Gazette No. 38135 of 31 October 2014) that I may only perform the acts described in the scope of practice for child and youth care work within auxiliary category of registration under the supervision of a registered child and youth care worker (professional category). Whereas regulation 20(2)(d) states that 'in the case of a child and youth care worker practicing within the auxiliary category, a confirmation from his or her employer that the child and youth care worker'.

(d) may only, in terms of the Act, practise as a child and youth care worker within the auxiliary category of registration 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 (auxiliary category)* in accordance with section 02/04/th date active form. 20(1)(d) of the Act;

(e) understand that it is my responsibility to keep my particulars in the Register for Child and Youth Care Workers (auxiliary 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 publishe d 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 (auxiliary category) 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 for child and youth care workers, auxiliary 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 <u>www.sacssp.co.za</u>); and

(g) 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* (*auxiliary 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 address⁵ 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		

OR

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

by registered mail to: The Registrar SACSSP Private Bag X12 Gezina

Pretoria

0031

by courier to: The Registrar SACSSP 37 Annie Botha Avenue Riviera. Pretoria 0084

⁴ Child and youth care worker in this section means a child and youth care worker within the auxiliary category of registration ⁵ Only if postal address is not a residential/ street address

COMMENTS:

FOR OF	FICE USE	ONLY
Do not com	plete	

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
- Application and supporting documents filed on applicant's file
- Or applicant's file
 Proof of subjects (G-4.2.1) or courses (G-4.3.1) on file, if not, request
- Portfolio of Evidence (PoE) (G-4.3.2) on file,
- Portfolio of Evidence (PoE) (G-4.3.2) on file if not, request
 Records as required in terms of regulation 17(3) on file, if not, request
 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 J(f)* record on the Register against applicant's name

Registration number allocated, if approved

9 0 -

Name & Surname					
Signature	 Date				
Aplication is (mark with x)					
APPROVED	INCOMPLET provide the missi	E and is referred back to t ng information.	he applicant to DECL to the applicant	INED and the reasons for the oplicant.	e decision provided
APPROVED ⁶ subject	at to the provision of the followi	ng records (if not on record	I with the SACSSP when person regist	ered for the first time): (mark v	vith X)
Proof of subjects - origin Section G-4.2.1)	nal (see Proof of co G-4.3.1)	urses (see Sections	Portfolio of Evidence (PoE) (see Section G-4.3.2)		quired in terms of 3) (Section G-4.4)
Date notice send on records above	s required as indicated		Date records required as indicated received from applicant	ated above were	
⁶ This does not apply to incomplete have been submitted with the origin	applications. Only applicable in a polication that formed the b	o applications where the re asis for the registration of t	ecords as indicated in G-4.2.1, G-4.3.1 he person for the first time, are not on	G-4.3.2, G-4.4.1,G-4.4.2 and the person's file. These are the	/or G-4.4.3, which shou en requested as indicate