



**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**  
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Riviera,  
Pretoria  
0084

**SACSSP**  
Private Bag X12  
Gezina  
Pretoria  
0031

**ENQUIRIES:**  
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Telephone: (012) 356 8300

[www.sacssp.gov.za](http://www.sacssp.gov.za)

**GENERAL INSTRUCTIONS:**

- FORM R.2.CYC.1 needs to be completed by a child and youth care worker within the auxiliary category of registration who was registered with the SACSSP and who's name was removed from the Register for Child and Youth Care Workers (auxiliary category) as contemplated in section 20 of the Social Service Professions Act 110 of 1978.
- IMPORTANT: Persons who register for the FIRST time as a child and youth care worker within the auxiliary category of registration should complete FORM R.1.CYC.2.
- FORM R.2.CYC.2 must be completed **personally by the applicant** - in print or typed.
- Study FORM R.2.CYC.2 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.2.CYC.2.
- Complete the **checklist** at the end of FORM R.2.CYC.2 before you submit it.
- Print and return this original FORM R.2.CYC.2 to the SACSSP by registered mail or courier mail services for ease of tracking. *Address is on page 8.*
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with an \* 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 auxiliary category of registration.

**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.

SACSSP registration number as child & youth care worker (auxiliary category)   -

This is number allocated to you when you registered as child and youth care worker within the auxiliary category for the first time

**A. PERSONAL PARTICULARS**

Title\*<sub>R</sub> (mark ONE only with X) Prof  Dr  Rev  Mr  Mrs  Ms  Miss

First names\*<sub>R</sub> (as on ID)

Maiden name\* (if applicable)

Surname\*<sub>R</sub> (as on ID)

ID number\*

Passport No<sup>1</sup> (if applicable)

Country of origin

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

Gender<sup>2\*</sup><sub>R</sub> (mark with X) Male  Female

Home language

Marital status<sup>2\*</sup> (mark with X) Never married  Married  Divorced  Widow  Widower

Population group<sup>2</sup> (mark with X) African  Coloured  Indian  White  Other

Disability<sup>2</sup> (mark with X) Yes  No  If YES, specify

**B. CONTACT DETAILS**

Postal address\*

Postal code

Residential address\*

Town\*<sub>R</sub>

Postal code

Province\*<sub>R</sub> (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

<sup>1</sup> Only complete if you do not have an ID number

<sup>2</sup> Information for equity and statistical purposes

Proceed to SECTION C on the next page

**INSTRUCTIONS:**

Please ensure that you complete the correct section:

**Section C-1:** Persons with a FETC Certificate in child and youth care equivalent to an NQF Level 4 qualification registered with SAQA.

**Section C-2:** Persons who will be 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 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.2).

**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 is allocated by the training institution).
- If you need additional space (more than 5 subjects), please add a page to FORM R.2.CYC.2 and mark it clearly (on top of the page) "SECTION C-1b" 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 certificate, in order to be re-entered into the Register.

**C. ACADEMIC PARTICULARS**

**C-1a. Information on your FETC qualification in child & youth care work**

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

Name of Institution<sub>R</sub>

Contact person

Telephone (work)  -

Country (If not in South Africa)

**Academic information of applicant\*** (mark with **x**)

Qualification FETC  Other (specify)

Duration of course 1 year  2 years  3 years

Name of qualification<sub>R</sub>  e.g. FETC (CYCW)

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

y  y  y  y -  m  m -  d  d

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

y  y  y  y -  m  m -  d  d

**C-1b. 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"/>

**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.

**INSTRUCTIONS:**

**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 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 year.
- The SACSSP may request that you submit documentary proof of **each** 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.*

**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 to 1 650 hours prior 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
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

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

**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.2).

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

	Qualification <sub>R</sub>	Training institution <sub>R</sub>	Date conferred
1			
2			
3			

**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.2 in order to be entered into the Register).

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

	Qualification <sub>R</sub>	Training institution <sub>R</sub>	Date conferred
1			
2			
3			

Proceed to SECTION D on the next page

**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.2 and mark it clearly (on top of the page) "SECTION D" with the number of the question.

**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

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).

**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  Child & youth care worker
- Social auxiliary worker  Auxiliary child & youth care worker
- Student social worker  Student child & youth care worker
- Student social auxiliary worker  Student auxiliary child & youth care worker

Indicate 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<sub>R</sub>  Final year student  Other\* (specify)

F-2. Current employment (if applicable)

Name of employer\*<sub>R</sub>

Street address\*

Town\*<sub>R</sub>

Postal code

**SECTION E-1: Registration History**

- Must be completed by all applicants.
- Final year students in child and youth care 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.

**SECTION F-1: Employment status**

Must be completed by all applicants.

**SECTION F-2: Current employment**

- Must be completed by all applicants, **EXCEPT persons** who are unemployed or retired.
- If you are currently (on the day you submit this application) employed as a child and youth care worker (auxiliary level) or 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.



**INSTRUCTIONS:****SECTION G: Documentary proof**

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

**G. 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:

- G-1 Proof of payment** (see Section H)  
Proof of payment to the value of the following prescribed fees in South African Rand:  
G-1.1 Registration fee as child and youth care worker within the auxiliary category of registration; and  
G-1.2 Prescribed annual fee as child and youth care worker within the auxiliary category of registration.
- G-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
- G-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).
- G-4 Proof of qualifications (RSA)**  
G-4.1 A certified copy of documentary proof of the the highest school grade (e.g. grade 12) you have passed.  
G-4.2 A certified copy of documentary proof of the qualification(s) in child and youth care work (auxiliary category).  
G-4.2.1 **Original** of documentary proof (*not a copy*) issued by the training institution, *if this was not submitted with your first application or has changed since your first application*, in which an indication is given of –  
a. ALL the subjects you have passed during all four years of study and the duration of the course in each subject.  
b. ALL the subjects/modules credited or exempted having been obtained from another university of the learning programme over a study period of four years.
- OR**
- G-4.3 If your initial registration which you want to be restored was in accordance with regulation 17(1)(b) the following must be attached to this application *if this was not submitted with your first application or has changed since your first application*:  
G-4.3.1 Documentary proof of **each** course or workshop or training indicated in Section C-2a.  
G-4.3.2 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.
- OR**
- G-4.4 If your initial registration which you want to be restored was in accordance with regulation 17(3) the following must be attached to this application *if this was not submitted with your first application or has changed since your first application*:  
G-4.4.1 documentary proof acceptable to the SACSSP that he or she is practising or employed as a child and youth care worker (auxiliary level);  
G-4.4.2 a job description acceptable to the SACSSP from his or her employer indicating that he or she meets the job profile of a child and youth care worker (auxiliary level); or  
G-4.4.3 a declaration to the SACSSP to the effect that the content of the job description and employment designation is a true reflection of his or her employment contract with the employer concerned.
- NOTE:** If any of the records mentioned in 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 applicable, is not on record with the SACSSP, you will be requested to submit these, before the restoration of your name on the Register.
- G-5 Additional qualifications**  
A certified copy of any other qualifications (post graduate) in child and youth care work and/or any other field (if applicable).  
See Sections C-3 and C-4.
- G-6 Job descriptions** (see Section F-2)  
If you are currently (on the day you submit this application) employed as a child and youth care worker (auxiliary level) or 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.
- G-7 A written undertaking from your employer in Section I specifying the following:**  
G-7.1 Confirming that you will be supervised by a child and youth care worker within the professional category *registered* with the SACSSP  
G-7.2 The nature, content and duration of the above supervision.  
G-7.3 Confirming that the child and youth care worker supervising you is aware of the fact that he or she is legally co-responsible for your acts as a child and youth care worker within the auxiliary category of registration.  
G-7.4 The official title of the post you hold.
- G-8 Proof of registration with SACSSP by final year students** (see Section E)  
A certified copy of your registration certificate as a child and youth care worker within the auxiliary category of registration that was previously issued by the South African Council for Social Service Professions, if available.

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

**SECTION H: Bank 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.
- 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.

**H. 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 child and youth care worker within the auxiliary category of registration. These Regulations are available on Councils website [www.sacssp.co.za](http://www.sacssp.co.za)

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

<b>Account name:</b>	SACSSP
<b>Bank:</b>	NEDBANK
<b>Account number:</b>	1190739410
<b>Branch:</b>	MENLYN MAINE
<b>Branch Code:</b>	198765
<b>Reference:</b>	A reference number must be provided for every deposit.

**IMPORTANT**  
Proof of payment  
must accompany  
this application

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

INSTRUCTIONS:

SECTION I: Undertaking by employer

- Only to be completed if employed (fulltime or part-time) at the time of application for restoration.
Section I must be completed by the employer or person designated by the employer.
The applicant may not complete Section I.
Regulation 19 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) 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 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 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 may function under a registered child and youth care worker".
See G-7 of FORM R.2.SW.2 for more information.
The details of the registered child and youth care worker3 who at the time of this application will be supervising the child and youth care worker practicing within the auxiliary category must be inserted in the applicable fields and he or she must sign 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
CEO/Director of the organisation/ head of the office in case of a decentralised organisation or in case of a government department by person with a designation not lower than that of a deputy director.
Section I must contain the official date stamp of the organisation or department to be valid. In the case where an organisation does not have an official stamp, the allocated space must be signed by another party other than the two parties who signed the declaration.
No application for the registration of a child and youth care worker practicing within the auxiliary category who is employed at the time of registration will be considered without all fields in Section I been completed and it being signed as required.

I. UNDERTAKING FROM EMPLOYER OF CHILD & YOUTH CARE WORKER to be restored within the auxiliary category of registration.

I, [Name] full names and surname of person designated by the employing organisation

designated by [Name] name of employing organisation

hereby declare and confirm that [Name] full names and surname of child and youth care worker (auxiliary category)

[Name]

with ID number [ID boxes]

- 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 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).
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.
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 worker practicing within the auxiliary category.
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 and youth care worker3, 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 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.

Street address\* [Grid]
Town\* [Grid]
Postal code [Grid]

Telephone [Grid] - [Grid]

Email (write clearly) [Grid]

Fax number [Grid] - [Grid]

Details of child and youth care worker3 who will be supervising the child and youth care worker practicing within the auxiliary category (must be provided)

Name and surname [Grid]

SACSSP Registration number [7][0]-[Grid] Years experience [Grid]

Email\* (write clearly) [Grid]

Telephone (work)\* [Grid] - [Grid]

Mobile / Cel number\* [Grid]

[Signature] Signature: Supervising child and youth care worker

[Date] Date

Declaration by employer

We declare that the information furnished is true and correct in all respects and that we understand 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.

Signed at [place] on [day] of [Month] 20 [year]

[Signature] Signature: Person designated by employer
[Initials] Initials and surname

[Signature] Signature: CEO/ Director / Head of Office
[Initials] Initials and surname

ORIGINAL OFFICIAL DATE STAMP OF ORGANISATION/ DEPARTMENT

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

**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 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 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 and student 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 may function under a registered 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 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 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 (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 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](http://www.sacssp.co.za)); 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 address<sup>5</sup> 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<br>SACSSP<br>Private Bag X12<br>Gezina<br>Pretoria<br>0031 | The Registrar<br>SACSSP<br>37 Annie Botha Avenue<br>Riviera,<br>Pretoria<br>0084 |
|--|--|

<sup>4</sup> Child and youth care worker in this section means a child and youth care worker within the auxiliary category of registration  
<sup>5</sup> 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-4.2.1) or courses (G-4.3.1) on file, if not, request
- 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 - \_\_\_\_\_

**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.

**APPROVED<sup>6</sup>** 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-4.2.1)  Proof of courses (see Sections G-4.3.1)  Portfolio of Evidence (PoE) (see Section G-4.3.2)  Records as required in terms of regulation 17(3) (Section G-4.4)

Date notice send on records required as indicated above \_\_\_\_\_

Date records required as indicated above were received from applicant \_\_\_\_\_

<sup>6</sup> This does not apply to incomplete applications. Only applicable to applications where the records as indicated in 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, 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.