



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR RESTORATION

SOCIAL WORKER

To be completed by a social worker for the purpose of restoring his or her name to the Register for Social Workers as contemplated in section 20(3) of the Social Service Professions Act 110 of 1978

SACSSP 37 Annie Botha Avenue Riviera, Pretoria 0084

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ENQUIRIES: Email: regtemp7@sacssp.co.za

Telephone: (012) 356 8300

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GENERAL INSTRUCTIONS:

- 1. FORM R.2.SW.1 needs to be completed by a social worker who was registered with the SACSSP... 2. IMPORTANT: Persons who register for the FIRST time... 3. FORM R.2.SW.1 must be completed personally by the applicant... 4. Study FORM R.2.SW.1 carefully before completing it... 5. Read the instructions with each section and answer all questions fully, clearly and correctly... 6. Fields that do not apply to you must be clearly deleted... 7. If you have to make any corrections to your answers... 8. Incomplete and/or non-compliant applications will not be processed... 9. See Section H for the documents that must accompany FORM R.2.SW.1... 10. Complete the checklist at the end of FORM R.2.SW.1 before you submit it... 11. Print and return this original FORM R.2.SW.1... 12. Council is required to keep a Register of persons registered...

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 as social worker.

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 social worker

Registration number grid: 1 0 - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

This is number allocated to you when you registered as social worker for the first time

A. PERSONAL PARTICULARS

Personal particulars form including Title, First names, Maiden name, Surname, ID number, Passport No, Date of birth, Gender, Marital status, Population group, Disability, Home language, etc.

B. CONTACT DETAILS

Contact details form including Postal address, Residential address, Town, Province, and Email.

Mobile / Cel number, Telephone (work), Telephone (home), Fax number

1 Only complete if you do not have an ID number 2 Information for equity and statistical purposes

**INSTRUCTIONS:**

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

- SECTION C-2: 3 + 1 Qualification**
- Only to be completed by persons with a 3 + 1 qualification.
  - **NB:** A certified copy of documentary proof of the qualification indicated in *Section C-2* must be attached to this application (FORM R.2.SW.1) in order to be re-entered into the Register.

- SECTION C-3: Subjects**
- **Must be completed** by all applicants in order to be re-entered into the Register.
  - Mark in the box for each year you have taken a subject e.g. if you took a subject for 4 years then mark all 4 boxes or if you have taken a subject only at 1<sup>st</sup> year and 2<sup>nd</sup> year level only mark boxes 1 and 2.
  - Add additional subjects in the appropriate spaces.
  - **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.

**C. ACADEMIC PARTICULARS**

**C-1. Information on your first qualification in social work**

**Particulars of training institution** (*University, college, 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 Degree  Diploma  SW Certificate (NDP)

Duration of course 2 years  3 years  4 years

Name of qualification<sub>R</sub>  e.g. BSW

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

-   -

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

-   -

**C-2. ONLY applicable to persons with a 3 + 1 year qualification:** (*mark with X*)

Qualification Degree  Diploma  SW Certificate (NDP)

Duration of course 1 year  2 years  3 years

Name of qualification<sub>R</sub>

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

-   -

**C-3. Subjects related to qualification\*** (*COMPULSARY to complete by all applicants*) (*mark with X*)

Subject	Year courses			
	1	2	3	4
Social work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 <sup>nd</sup> majors e.g. communication (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other 2 <sup>nd</sup> majors e.g. criminology (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C continues on the next page

**INSTRUCTIONS:**

**SECTION C-4: 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-4* must be attached to this application (FORM: R.2.SW.1) in order to be entered into the Register.

**SECTION C-5: Other qualifications**

- Only to be completed if applicable.
- **NB:** Certified copies of documentary proof of the qualifications in *Section C-5* must be attached to this application (FORM: R.2.SW.1) in order to be entered into the Register.

**SECTION D: General**

- **Must be completed** by all applicants in order to be re-entered into the Register.
- Answer all questions honestly.
- If you need additional space, please add a page to FORM R.2.SW.1 and mark it clearly (on top of the page) "SECTION D" with the number of the question.

**SECTION E-1: Registration History**

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

**C-4. Academic particulars of advanced qualification(s) in social work**

	Qualification <sub>R</sub>	Training institution <sub>R</sub>	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-5. 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 social worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 11 of the Regulations regarding the registration of social workers (Government Notice No. 101 of 2011 published in Government Gazette No. 34020 of 18 February 2011)

**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)   -

**INSTRUCTIONS:**

**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.

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

**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

Postal address\* (if different)

Postal code

Telephone  -

Email (write clearly)

Fax number  -

Date started with present employer\*  y  y  y  y -  m  m -  d  d

Post/designation\* e.g. social 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

**F-3. Previous employment**

Name of employer

Address

Postal code

Post/designation\* e.g. social worker

Period of employment as a **social worker** with PREVIOUS EMPLOYER\*:  
 y  y  y  y -  m  m -  d  d TO  y  y  y  y -  m  m -  d  d

Telephone  -

Email (write clearly)

Proceed to SECTION G continues on the next page

**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.SW.1).
- Please number each Annexure.

**SECTION H: Bank details**

- See Section g-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.

**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 Restoration fee; and
- G-1.2 Prescribed annual fee as social worker.
- G-2 Proof of identity (see Section A)**  
A certified copy of your identity document (ID) or passport or residence permit indicating your:
- full names and surname;
  - date of birth or age; and
  - 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) (see Section C)**  
A certified copy of documentary proof of the qualification(s) in social work.
- G-4.1 A certified copy of any other qualifications (e.g. Masters or Doctorate) in social work and/or any other field (if applicable). See Sections C-4 and C-5.
- G-4.2 In case of G-4.1, the 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 all the subjects you have passed and the duration of the course in each subject.
- NOTE:** If this 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 Proof of previous registration with SACSSP (see Section E)**  
A certified copy of your registration certificate 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.**

**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 restoration as a social worker. 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

**INSTRUCTIONS:**

**SECTION I: Declaration**

- Read **all parts** of the declaration in *Section I* carefully.
- Sign FORM R.2.SW.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.SW.1 is completed correctly
- All applicable fields and pages are completed and I have double checked
- FORM R.2.SW.1 is signed on page 6 (*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 H-3*)
- Certified copies of qualifications (see *Sections G-4.1 & G-4.2*)
- Proof of subjects - original - if applicable (see *Section G-4.3*)
- Proof of previous registration as social worker with the SACSSP (see *Section G-5*)

**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 restoration of your name to the Register.

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 to the *Register for Social Workers* 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 social worker and use the title *social worker*, subject to being registered as a social worker with the South African Council for Social Service Professions as contemplated in sections 15 and 17 of the Act and upon entry of my name into the *Register for Social Workers* 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 social worker or pretend to be a social worker if he or she is not registered as a social worker under this Act. Any person who contravenes any provision of section 15(1), shall be guilty of an offence and on conviction be liable to a fine, or to imprisonment for a period not exceeding six months as contemplated in section 16 of the Act;

(c) *may only*, in terms of the Act, practise as a social 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 Social Workers* in accordance with section 20(1)(d) of the Act;

(d) *understand* that it is my responsibility to keep my particulars in the *Register for Social Workers* up to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed in the *Regulations regarding the registration of social workers* (regulation 9) within three months of any name change with supporting evidence and within six weeks of any change in my residential or postal address or other contact details as indicated in this form as to enable the Registrar to update my details in the *Register for Social Workers* as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (This to be done through FORM-RR.1);

(e) *studied* the provisions of the Social Service Professions Act 110 of 1978, the Regulations regarding the registration of social workers and other relevant Regulations (available from the Government Printers or can be downloaded at [www.sacssp.co.za](http://www.sacssp.co.za)); and

(f) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the Register for Social Workers kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information not already available to the public from the Register), i.e. postal address<sup>3</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  
SACSSP  
Private Bag X12  
Gezina  
Pretoria  
0031

The Registrar  
SACSSP  
37 Annie Botha Avenue  
Riviera,  
Pretoria  
0084

<sup>3</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-4.3) on file, if not, request.
- Applicant's details updated and restored in the *Register for Social Workers* against the name of the applicant, if approved
- 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 approved

1 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>5</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-4.3*)

Date notice send on records required as indicated above

Date records required as indicated above were received from applicant

COMMENTS:

<sup>5</sup> 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 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.