

INSTRUCTIONS:

SECTION C-1: 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-1 must be attached to this application (FORM R.2.SW.2).

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(s) indicated in Section C-2 must be attached to this application (FORM R.2.SW.2).

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 2 years then mark the first 2 boxes or if you have taken a subject only for one year then only mark box 1.
 • Indicate the subjects/modules 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 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-1. Information on your first qualification as social auxiliary worker

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

Name of Institution_R

Contact person

Telephone (work) -

Country (If not in South Africa)

Academic information of applicant (mark with **X**)

Qualification Degree Diploma Certificate in Social Auxiliary Work

Duration of course 1 year 2 years 3 years

Name of qualification_R e.g. Certificate in Social Auxiliary Work

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 2 years

Name of qualification*_R

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**

Social work and/or social auxiliary work modules / subjects in 1st two years of training

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

Other subjects:

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: Other 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.2).

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

SECTION E-1: Registration History

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

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

	Qualification	Training institution	Date conferred
1			
2			
3			

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 social auxiliary worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 15 of the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 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 SACSSP 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_R Final year student Other* (specify)

F-2. Current employment (if applicable)

Name of employer_R

Street address

Town_R Postal code

Postal address (if different)

Postal code

Telephone -

Email (write clearly)

Fax number -

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

Post/designation* e.g. social auxiliary worker

Nature of employer (mark ONE only with X):

National Government Provincial Government Local Government Government entity
 Industry Academia NPO or CBO Training organisation
 Other If Other, specify

F-3. Previous employment

Name of employer

Address

Postal code

Post/designation* e.g. social auxiliary worker

Period of employment as a **social auxiliary 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 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.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 Restoration fee as social auxiliary worker.
G-1.2 Prescribed annual fee as social auxiliary worker.
- 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) (see Section C)**
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 social auxiliary work (e.g. Certificate in Social Auxiliary Work) which you have obtained from an accredited training institution or provider.
G-4.3 Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council for evaluation to determine whether it is equal to or higher than the qualification referred to in paragraph G-4.2.
G-4.4 **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 years of study and the duration of the course in each subject; and
b. The content of the learning programme of the qualification stipulated in G-4.2 and or G-4.3 above in which an indication is given of all the subjects/ modules you have passed and the duration of the course in each subject.
NOTE: If the records mentioned in G-4.4 are not on record with the SACSSP, you will be requested to submit these, before the restoration of your name on the Register.
G-4.5 The SACSSP may order that an evaluation interview be conducted with applicants who obtained other qualification(s) than the qualifications referred to in paragraphs G-4.2 and/or G-4.3.
- G-5 A written undertaking from your employer in Section I specifying the following:**
G-5.1 Confirming that you will be supervised by a *registered* social worker.
G-5.2 The nature, content and duration of the above supervision.
G-5.3 Confirming that the social worker supervising you is aware of the fact that he or she is legally co-responsible for your acts as a social auxiliary worker.
G-5.4 The official title of the post you hold.
- G-6 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.

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.

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 social auxiliary worker. These Regulations are available on Councils website www.sacssp.co.za

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

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

IMPORTANT
Proof of payment
must accompany
this application

INSTRUCTIONS:

SECTION J: Declaration

- Read **all parts** of the declaration in *Section J* carefully.
- Sign FORM R.2.SW.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.SW.2 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section I* is completed and signed
- FORM R.2.SW.2 is signed on page 7 (*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 *Sections G-4.2 & G-4.3*)
- Proof of subjects - original - if applicable (see *Section G-4.4*)
- Proof of previous registration as social auxiliary worker with the SACSSP (see *Section G-6*)

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.

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 restoration of my name to the *Register for Social Auxiliary 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 auxiliary worker and use the title *social auxiliary worker*, subject to being registered as a social auxiliary worker with the South African Council for Social Service Professions as contemplated in sections 15 and 18 of the Act and upon entry of my name into the *Register for Social Auxiliary 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 a social auxiliary worker or pretend to be a social auxiliary worker if he or she is not registered as a social auxiliary 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) *understand* that I am required by law to work under the direct supervision and guidance of a registered social worker as contemplated in the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011);

(d) *may only*, in terms of the Act, practise as a social auxiliary 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 Auxiliary Workers* 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 Social Auxiliary 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 relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) (regulation 13) 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 Auxiliary Workers* 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 relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) and other relevant Regulations (available from the Government Printers or can be downloaded at www.sacssp.co.za); and

(g) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the *Register for Social Auxiliary 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 address³ 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 aforementioned, 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

³Only 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-4.4) on file, if not, request
- Applicant's details updated and restored in the *Register for Social Auxiliary Workers* against his or her name, if approved
- Registration certificate issued, if approved
- Registration card issued, if approved
- If applicant indicated an *opt out* in terms of *Section J(g)* it is recorded on the Register against applicant's name.

Registration number allocated, if approved

5 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.

APPROVED⁴ 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-4.4*)

Portfolio of Evidence (if applicable)

Evaluation interview (see G-4.5)

Date notice send on records required as indicated above _____

Date records required as indicated above were received from applicant _____

COMMENTS:

⁴ This does not apply to incomplete applications. Only applicable to applications where the records as indicated in G-4.4, 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.