



**SOUTH AFRICAN  
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

**APPLICATION FOR RESTORATION  
SOCIAL AUXILIARY WORKER**

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

**SACSSP**  
37 Annie Botha Avenue  
Riviera,  
Pretoria  
0084

**SACSSP**  
Private Bag X12  
Gezina  
Pretoria  
0031

**ENQUIRIES:**  
Email: [reghelpdesk@sacssp.co.za](mailto:reghelpdesk@sacssp.co.za)  
Telephone: (012) 356 8300  
[www.sacssp.co.za](http://www.sacssp.co.za)

- GENERAL INSTRUCTIONS:**
- FORM R.2.SW.2 needs to be completed by a social auxiliary worker **who was registered with the SACSSP** and who's name was removed from the Register for Social Auxiliary Workers as contemplated in section 20 of the Social Service Professions Act 110 of 1978.
  - IMPORTANT:** Persons who register for the **FIRST time** as a social auxiliary worker should complete **FORM R.1.SW.2**
  - FORM R.2.SW.2 must be completed **personally by the applicant** - in print or typed.
  - Study FORM R.2.SW.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.SW.2.
  - Complete the **checklist** at the end of FORM R.2.SW.2 before you submit it.
  - Print and return this original FORM R.2.SW.2 to the SACSSP by registered mail or courier mail services for ease of tracking. *Address is on page 7.*
  - Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with an **a<sub>R</sub>** 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 as social auxiliary worker.
- SECTION A: Personal Particulars**
- ALL fields in Section A marked with an **a<sub>R</sub>** must be completed.
- SECTION B: Contact details**
- ALL fields in Section B marked with an **a<sub>R</sub>** must be completed.

**SACSSP Registration as social auxiliary worker** **5 0** -        
*This is number allocated to you when you registered as social auxiliary worker 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\*

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Passport No<sup>1</sup> (if applicable) Country of origin

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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\*


Postal code

Town\*<sub>R</sub>

Province\*<sub>R</sub> (mark with **X** in block)  EC  FS  GA  KZ  LP  MP  NW  NC  WC

Email\* (write clearly)

Mobile / Cel number\*

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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

**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<sub>R</sub>

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<sub>R</sub>  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\*<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**

**Social work and/or social auxiliary work modules / subjects in 1<sup>st</sup> 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"/>

**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<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 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](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: 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 in order to be re-entered into the Register.
  - The applicant may not complete Section I.
  - See G-5 of FORM R.2.SW.2 for more information.
  - The details of the registered social worker who at the time of this application will be supervising the social auxiliary worker must be inserted in the applicable fields and he or she must sign in the designated space.
  - Section I must be signed by:
    - the manager of the unit where the social auxiliary worker will practise under the supervision of a registered social worker; 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 restoration of a social auxiliary worker 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 THE SOCIAL AUXILIARY WORKER**

I,   
full names and surname of person designated by the employing organisation  
 designated by   
name of employing organisation  
 hereby declare and confirm that   
full names and surname of social auxiliary worker

with ID number

- is in employ of our organisation/department as a *social auxiliary worker* and will work under the direct supervision and guidance of a social worker registered with the SACSSP as contemplated in regulation 1 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) and that the social worker supervising the *social auxiliary worker* is aware of the fact that he/she is legally co-responsible for the acts of the *social auxiliary worker* when performing his/her duties as *social auxiliary worker*.
- the name of the social worker supervising the social auxiliary worker will be inserted into the file of the social auxiliary worker and if there is a change the file will be updated without delay.
- we understand and undertake that in the case where our organisation does not have a registered social worker in our employ, that we are obliged to find and contract at the cost of the organisation a registered social worker to supervise the *social auxiliary worker*.
- we understand that if the *social auxiliary worker* is not working under the supervision of a registered social worker, he or she is contradicting the provisions of the Social Service Professions Act 110 of 1978 and 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 that our organisation as employer will be equally liable for any legal actions that may be instituted.

Street address\*

Town\*<sub>R</sub>

Postal code

Telephone

Email (write clearly)

Fax number

**Details of social worker will be supervising the social auxiliary worker (must be provided)**

Name and surname

SACSSP Registration number  1  0 -       Years experience

Email\* (write clearly)

Mobile / Cel number\*

Telephone (work)\*

Signature: Supervising social worker

Date

**Declaration by employer**

We declare that the information furnished is true and correct in all respects and that we undertake the content of this undertaking. We are unaware of anything which would serve as an impediment to the restoration of the social auxiliary worker mentioned in this section.

Signed at  place on  day of  month 20  year

Signature: Person designated by employer

Initials and surname

Signature: CEO/ Director / Head of Office

Initials and surname

ORIGINAL OFFICIAL DATE  
 STAMP OF ORGANISATION/  
 DEPARTMENT

Proceed to SECTION J on the next page

**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](http://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 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 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

<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-4.4) 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.

**APPROVED<sup>4</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-4.4*)

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:

<sup>4</sup> 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.