## **SOUTH AFRICAN** COUNCIL FOR SOCIAL SERVICE PROFESSIONS

## **APPLICATION FOR REGISTRATION**

# **SOCIAL AUXILIARY WORKER**

# with a qualification obtained outside the Republic of South Africa

to be completed by persons registering for	Africa as contemplated in section 17										OH OL	name	a oui	siae ii	іе кер	JUDIIC	013	oum
	A. PERSONAL PA	DTI			<b>.</b>													
SACSSP 37 Annie Botha Avenue Riviera,	Title* <sub>R</sub> (mark ONE only with <b>X</b> )	Prof		Dr	13	Rev		Mr		Mrs		Ms		Miss				
Pretoria 0084	First names* <sub>R</sub> (as on ID)																	
SACSSP Private Bag X12																		
Gezina Pretoria																		
0031	Maiden name* (if applicable)																	$\equiv$
ENQUIRIES: Email: reghelpdesk@sacssp.co.za							<u> </u>	<u> </u>										
Telephone: (012) 356 8300	Surname* <sub>R</sub> (as on ID)	-																
www.sacssp.co.za																		Ш
	ID number <sup>1</sup> (if applicable)			JL														
GENERAL INSTRUCTIONS:  1. FORM: R.6.SW.2 needs to be completed	GENERAL INSTRUCTIONS:  1 FORM: R 6 SW 2 needs to be completed.  Passport No* (if applicable)							Cou	ıntry	of c	rigir	า 🗌						
by a person who registers for the FIRST time as social auxiliary worker with	Residency permit No* (if	Valid until* (date)																
a qualification obtained outside the Republic of South Africa with the SACSSP in terms of sections 17D and	Date of birth* (YYYY/MM/DD)	7		У	У	У	_ [	m	m	1 _		cl	d					
18 of the Social Service Professions Act 110 of 1978.		L.	JL				l											
FORM R.6.SW.2 must be completed personally by the applicant - in print	Gender <sup>2*</sup> <sub>R</sub> (mark with <b>x</b> )		Male		Fen	nale		Home		ıang	guage*			1	Г			
or typed.  3. Study FORM R.6.SW.2 carefully <i>before</i>	Marital status <sup>2*</sup> (mark with <b>x</b> )		ever rried		Mai	rried		Divo	orced		Wic	low		Wido	wer			
completing it.  4. Read the instructions with each section	Population group <sup>2</sup> (mark with <b>x</b>	) Afri	ican		Colc	oured		Inc	lian		Wh	nite		Oth	ier			
and answer all questions fully, clearly and correctly.	Disability <sup>2</sup> (mark with <b>x</b> )	Yes		No		If `	YES,	spec	cify									
<ol><li>Fields that do not apply to you must be clearly deleted. Draw a line through such field.</li></ol>	B. CONTACT DET	'AIL	.s															
6. If you have to make any corrections	Postal address*																	
to your answers - <i>initial</i> next to the correction made in the right margin.																		$\dashv$
<ol> <li>Incomplete and/or non-compliant applications will not be processed and will be referred back to the applicant.</li> </ol>																		$\dashv$
Therefore, make sure that the application is completed correctly and submitted with											Po	osta	Loo	de				$\dashv$
<ul><li>all the required supporting documents.</li><li>8. See Section H for the documents that</li></ul>	<b>5</b>					<u> </u>						JSIA						
must accompany FORM R.6.SW.2.  9. Complete the <b>checklist</b> at the end of	Residential address*																	-
FORM R.6.SW.2 before you submit it.  10.Print and return this original FORM																		-
R.6.SW.2 to the SACSSP by registered mail or courier mail services for ease of																		$\dashv$
tracking. <i>Address is on page 7</i> .  11. Council is required to keep a Register of	Town* <sub>R</sub>																	-
persons registered in terms of section 19 of the Act and the fields mark with a R will be visible to the public.					<u></u>						Po	osta	l co	de				
·	Province* (mark with <b>x</b> in block)	EC	` FS		GA	KZ	LF		MP	NW	NC	V	VC					
INSTRUCTIONS SECTION A: Personal Particulars • ALL fields in Section A marked with an *	Email* (write clearly)																	
must be completed.	Mobile / Cel number*																	
SECTION B: Contact details  • ALL fields in Section B marked with an *	Fax number					_												
must be completed.				╬	+	L						<u> </u>	_					
	Telephone (home)			#	-[	•							4	_				
	Telephone (work)*					-												

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

Proceed to SECTION C on the next page

## **INSTRUCTIONS:**

SECTION C-2: Subjects

Must be completed by all applicants.
 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: Original (not copy) of documentary proof issued by the training institution 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 degree/ diploma certificate, must be attached in order to be entered into the Register.

- 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.6.SW.2).

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C.	ACAI	ノロリロし	PARTI	CUL	AKJ

## C-1. Information on your first qualification as social auxiliary worker

Particulars of training institution (University, college, accredited training provider, etc) Name of Institution, Contact person Telephone (work) Email\* (write clearly) Country (If not in South Africa) Academic information of applicant (mark with x) Certificate in Social Auxiliary Work Qualification Degree Diploma Duration of course 1 year 2 years 3 years e.g. Certificate in Social Auxiliary Work Name of qualification,

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

У	У	У	У	-	m	m	-	d	d

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

3//	37	- 1/	- 1/		122	122		
3	3	J 7	J 3					 
			1	-			-	 
			1					l

## C-2. 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.	1	2	3	4
2.	1	2	3	4
3.	1	2	3	4
4.	1	2	3	4
5.	1	2	3	4

## Other subjects: Other (specify):

Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4
Other (specify):	1	2	3	4

SECTION C continues on the next page

- INSTRUCTIONS: SECTION C-3: Other qualifications
   Only complete if applicable.
   Date conferred refers to date when
- Date conlier teles to date when 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.6.SW.2).

## **SECTION D: General**

- <u>Must be completed</u> by all applicants.
  Answer all questions honestly.
- If you need additional space, please add a page to FORM R.6.SW.2 and mark it clearly (on top of the page) "SECTION D" with the number of the question.

C-3.	Academic particulars of other qualification(s) in other fields of study which yo
poss	ess

05	5622			
	Qualification		Training institution	Date conferred
1				
2				
3				
) <b>.</b>	GENERAL			
AII	of the following questions mu	ust be ansv	wered (mark with <b>x</b> )	
1.	Have you ever been found guilty of unpr SACSSP? If <b>YES</b> , complete the rest <i>(mark</i>			NO
1.1	- were you reprimanded or cautioned?	YN	1.2 - was your registration suspended?	YN
1.3	- was your registration cancelled?	YN	1.4 - was the imposition of a penalty post	poned? Y N
1.5	- was the execution of your penalty suspended?	YN		
2.	Have you ever been found guilty of an off nature of the offence of which you were convicted, to passed:			NO
	Nature of offence	Year	Sentence	
3.	Are any legal steps pending against you	at present? If Y	ES, specify what steps below. YES	NO
	Any person who apply to be registered as a soc Council such offence as stipulated in regulation 15	ial auxiliary worker of the Regulations		workers and the holding
	IMPORTANT: A recent police clearance certifica		y of origin/ where you obtained your qualification.	on must be attached to
<b>Ξ.</b>	REGISTRATION HISTO	DRY		

**SECTION E: Registration History** Must be completed by all applicants.

E-1.	1. Were you registered with a professional council in your country of origin? $(mark with x)$										
YES	N	0	If <b>YES</b> , please co	mplete the applicable sections below							
Nam	ne of p	orofes	sional body								

Your registration number

E-2. Have you previously applied for registration with the SACSSP? (mark with x) Declined YES If **YES**, what was the result? (mark with **x**) Approved

If APPRO

Indicate

in 120, what was the result: (mark w	mirk) rippreved Beeinied meemplete
OVED, were you registered as: (mail	k with <b>X</b> )
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
registration number (see Registration Certif	icate) -

Proceed to SECTION F on the next page

INSTRUCTIONS:	CTIONS: F. EMPLOYMENT PARTICULARS																			
SECTION F-1: Employment status Must be completed by all applicants.	F-1. Mark ONE mo	ost a	appro	priat	е ор	tion	(mar	k <b>ONE</b>	only v	vith <b>X</b> )										
	Full time employed		Part-tim	ie emplo	oyed			Self-e	emplo	yed			ι	Jnemp	loyed					
	Retired <sub>R</sub>		Final ye	ar stude	ent			Othe	r' (spe	cify)										
SECTION F-2: Current employment • Must be completed by all applicants,	F-2. Current empl	loym	nent	(if applica	able)															
EXCEPT persons who are fulltime students, unemployed or retired.     If you are <u>currently</u> (on the day you submit	Work permit No* (if	applica	ble)								\	Valid until (date)								
this application) <u>employed</u> as a social auxiliary worker, whether fulltime or part-	Name of employer*	R																		
time <b>Section H</b> must be completed and signed by your employer.	Street address*																			
	Tow/p*													_						
	Town* <sub>R</sub>	R								-	Po	ostal	cod	e						
	Postal address* (if di	Postal address* (if different)																		
	(,, a,,																			
												Po	ostal	cod	е					
	Telephone																			
	Email (write clearly)																			
	Fax number -																			
	Date started with present employer*													d						
	Post/designation*																			
	Nature of employer (mark ONE only with <b>x</b> ):																			
	National Government	Provir	ncial Gov	ernment/		Loca	l Gove	ernme	nt		Gove	ernme	nt enti	t entity						
	Industry	Privat	e Practio	ce		Acad	emia				NPO	or CE	80							
	Other	If Other	er, specii	fy																
SECTION F-3: Employment history  Must be completed by all applicants for	F-3.1 Previous en	nplo	ymer	nt #1																
the last three (3) employers, if you were employed after obtaining your qualification. If you had less than three (3) employers, only	Name of employer																			
complete as applicable.	Town																			
	Country																			
	Post/designation*			VI C	VI	vi C	V	199	12	a c	v	- 1/			v -	100	m			
	Period of employme	ent		<u> </u>		<u> </u>	<u></u>			то	У	У			<b>-</b> _	m				
Contact person (write clearly)																				
	Telephone		L			_														
	Email (write clearly)																			
	F-3.2 Previous en	nplo	ymer	nt #2																
	Name of employer			<u> </u>																
	Town																			
	Country																			

## **INSTRUCTIONS** SECTION F-3.2: Previous employment Continue from previous page

**SECTION G: Documentary proof** Read this part carefully as it will guide you

· Please number each Annexure

on the documents that must accompany your application (FORM R.6.SW.2).

F-3.2 Previous employm	nent #2 (continues from previous page)
Post/designation*	
Period of employment	у у у у - т то у у у - т т
Contact person (write clearly)	
Telephone	
Email (write clearly)	
F-3.3 Previous employm	nent #3
Name of employer	
Town	
Country	
Post/designation*	
Period of employment	у у у у - т то у у у у - т т
Contact person (write clearly)	
Telephone	
Email (write clearly)	

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

### DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION G.

Please study the Social Service Professions Act 110 of 1978, the relevant regulations as well as the SACSSP Assessment of international qualifications and registration policy for social workers and social auxiliary workers (2019).

This application must be accompanied by the following documents, duly certified, to be regarded as a complete and valid application:

G-1	Proof o	f payment	

Proof of payment to the value of the following prescribed fees in South African Rand:

G-1.1 Registration fee as social auxiliary worker with a qualification obtained outside the Republic of South Africa; and

G-1.2 G-1.3 Prescribed assessment fees, as applicable; and/or Any other prescribed fee

G-1.4 It is the <u>responsibility of the applicant</u> to ascertain the correct amount payable prior to the submission of this application. G-2 Proof of identity (see Section A)

A certified copy of your identity document (ID) or passport 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 Residency and work permit (for non South African citizens only)

G-3.1 A certified copy of your residence permit.

G-3.1 A certified copy of your South African work permit.

G-4 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-5 Proof of qualifications (outside RSA) (see Section C)

G-5.1 A certified copy of documentary proof of the the highest school grade you have passed.

A certified copy of documentary proof of the qualification(s) in social auxiliary work on the basis of which you apply for registration. Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council for evaluation to G-5.2 G-5.3

determine whether it is equal to or higher than the qualification referred to in paragraph G-5.2.

SAQA certificate obtainable from the South African Qualifications Authority (SAQA) for the academic benchmarking of your existing qualification obtained outside South Africa G-5.4

G-5.5 Original of documentary proof (not a copy) issued by the training institution 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.b. The content of the learning programme of the qualification stipulated in G-5.2 and or G-5.3 above in which an indication is given of all the subjects/ modules you have passed and the duration of the course in each subject.

A certified copy of any other qualifications (if applicable). See Sections C-3 G-5.6

**G-6** G-6.1 **Proof of registration and/or licensing to practice** (see Section E)
Certified copy of proof of registration with a professional council in your country of origin.

G-6.2 Certified documents that provide proof that you were allowed to practise social auxiliary work or were license to practise in your country of origin.

G-7 A recent police clearance certificate from the country of origin/ where you obtained your qualification.

A written undertaking from your employer in Section H specifying the following: G-8

G-8.1 G-8.2 Confirming that you will be supervised by a *registered* social worker. The nature, content and duration of the above supervision.

G-8.3 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

G-84 The official title of the post you hold.

G-9

PLEASE NOTE: The SACSSP reserves the right, in accordance with section 17D of the Act, to require that any applicant with a qualification

obtained outside the Republic of South Africa who applies for registration with the SACSSP:

a. pass an oral or written examination by the Professional Board for Social Work for the purpose of determining whether such person possesses adequate professional knowledge and skill to be registered; and/or

b. be assessed through the completion of assignments and/ or a portfolio of evidence prescribed by the Professional Board for Social Work: and/or

c. be assessed to be proficient in any of the official languages of the Republic of South Africa

G-10 Any document accompanying this application that is not drawn up in English must be accompanied by a translation in English prepared by a certified translator as well as a certified copy of the original document. It is the responsibility of the applicant to have such document(s) translated.

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

## **INSTRUCTIONS:**

- SECTION H: Undertaking by employer

  Only to be completed if employed (fulltime or part-time) at the time of registration.
- Section H <u>must be completed</u> by the employer or person designated by the
- The applicant <u>may not complete Section H</u>
   see Section G-8 of FORM R.6.SW.2 for
- more information.
- The details of the registered social social 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
- Section J 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 J 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 social auxiliary worker will be considered without all fields in Section H been completed and it being signed as required.

н	<b>UNDERTAKING FROM</b>	EMPLOYER OF	THE SOCIAL	ΔΙΙΥΙΙ ΙΔΡΥ	WORKER
п.	UNDER I ARING FRUIVI	EIVIPLUTER UP	I HE SUCIAL	AUXILIARI	WURNER

I,					
designated by			full names	s and surname of perso	on designated by the employing organisation
J , [					name of employing organisation
hereby declare an	d confirm that			full n	ames and surname of social auxiliary worker
with ID number					
registered with the SACSS b. the name of the social au b. the name of the social worthe file will be updated with c. we understand and undertafind and contract at the cost. d. we understand that if the sx provisions of the Social Seholding of disciplinary inqui	uxiliary worker when performing he ker supervising the social auxilair tout delay. ake that in the case where our or st of the organisation a registered tocial auxiliary worker is not work invice Professions Act 110 of 1978	ervising the social is/her duties as a sy worker will be in ganisation does in a social worker to not under the sup and the Regulation blished in Govern	and auxiliary worker is social auxiliary worker in serted into the file mot have a registerer supervise the social acrision of a register ations relating to the ment Gazette No 3-	aware of the fact the r. of the social auxilia d social worker in coll auxiliary worker. The social worker, the registration of social worker, the social worker worker worker.	nat he/she is legally co-responsible  ary worker and if there is a change bur employ, that we are obliged to the or she is contradicting the
Street address*					
Town* <sub>R</sub>				Postal	code
Telephone		-			
Email (write clearly)					
Fax number		-			
Details of social	worker will be sup	ervising t	he social a	uxiliary wo	rker (must be provided)
Name and surnam	ne				
SACSSP Registra	ation number 1 0	-		Ye	ears experience
Email* (write clearly)					
Mobile / Cel numb	per*				
Telephone (work)*		] - [			
Signature: S	Supervising social worker				Date
					s undertaking. We are unaware of tion.
Signed at		on _	of		month 20 year
Signature: Person designate	d by employer	Signature: CE	O/ Director / Head o	of Office	ORIGINAL OFFICIAL DATE STAMP OF ORGANISATION/ DEPARTMENT
Initials and surname		Initials and surr	name		

## **INSTRUCTIONS:**

## SECTION I: 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

## SECTION J: Declaration

- Read **all parts** of the declaration in *Section J* carefully.
- Sign FORM R.6.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.6.SW.2 is completed correctly
- All applicable fields and pages are completed and I have double checked
- applicable (see Section G-8)
- FORM R.6.SW.2 is signed on page 7

### Attachments

- ☐ Proof of payments (see Section G-1)
- ☐ Certificated copy of ID/ passport (see Section G-2)
- Recidence permit (see Section G-3.1)
- SA work permit (see Section G-3.2)
- Proof of marital status if applicable (see Section G-4)
- Certified copy of highest school qualification (see Section G-5.1)
- Certified copies of qualifications (see Section G-5.2, G-5.3 & G-5.6)
- SAQA certificate (see Section G-5.4)
- Proof of subjects original (see Section G-5.4)
- $\hfill \square$  Proof of registration with a professional council in your country of origin (see Section G-6.1)
- Proof that you were allowed to practise
- social work or were license to practise in your country of origin (see Section G-6.2) ☐ A recent police clearance certificate from
- the country of origin (see Section G-7) All documents not in English are
- translated as indicated in Section G-10

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.

<u>An additional fee will apply for incomplete applications that were referred back upon the resubmission of such an application.</u>

## 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 worker with a qualification obtained outside the Republic of South Africa. These Regulations are available on Councils website www.sac

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

Account name: SACSSP Bank: NEDBANK 1190739410 Account number: Branch: MENLYN MAINE Branch Code: 198765

Reference: A reference number must be provided for every deposit.

## **IMPORTANT**

Proof of payment must accompany this application

## **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 my registration as a social auxiliary worker.

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 any information provided in this application related to my qualification obtained outside the Republic of South Africa and related professional registration and practice may be verified by the SACSSP;
- (f) 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);
- (g) 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 <a href="https://www.sacssp.co.za">www.sacssp.co.za</a>; and
- (h) 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.

	Н		Signature: Applicant		

## Send this ORIGINAL application form with all supporting documents:

by registered mail to:

The Registrar SACSSP

Private Bag X12 Gezina Pretoria

0031

by courier to:

The Registrar SACSSP

0084

37 Annie Botha Avenue Riviera, Pretoria

3 Only if postal address is not a residential/ street address

# FOR OFFICE USE ONLY

## INTERNAL CHECK LIST

- Applicant informed about outcome on (date)
- Where applicable, information provided was verified.
- Application and supporting documents filed on applicant's file
- Applicant's details updated on the Register for Social Auxiliary 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(h)* record on the Register
- against applicant's name. Registration number allocated, if approved

	5	0	-		
--	---	---	---	--	--

INTERNAL RE	VIEW
-------------	------

Signed at

Name & Surname	
Signature	Date

COMMENTS:

Aplication	n is	(mark	with	х

APPROVED
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**INCOMPLETE** and is referred back to the applicant to provide the missing information.

<b>DECLINED</b> and the reasons for the decision p to the applicant.

yea