



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION

STATUS REPORT

To be completed by registered social workers, social auxiliary workers, student social workers, student social auxiliary work, child and youth care workers, auxiliary child and youth care workers, student child and youth care workers and student auxiliary child and youth care workers applying for a report regarding his or her registration status as prescribed in 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
Telephone: (012) 356 8300
www.sacssp.co.za

GENERAL INSTRUCTIONS

- FORM RR.2 needs to be completed to apply for the issuing of report regarding the **registration status of a person registered with the South African Council for Social Service Professions.**
- FORM RR.2 must be completed **personally by the applicant** - in print or typed.
- 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 each Section for the documents that must accompany FORM-RR.2.
- Complete the checklist at the end of FORM RR.2 before you submit it.
- Print and return this original FORM RR.2 to the SACSSP as indicated on *page 2*.
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with a **_R** will be visible to the public.

INSTRUCTIONS:

SECTION A: Registration number
• **Must be completed** by all applicants. Insert your SACSSP registration number.

SECTION B: Status report(s) request

Please read these instructions carefully

- Mark with an **X** for each type of status report you are applying for.
- Each status report requested will be charged separately.
- Please note where a field is marked with an ***** a status report will only be issued if a person have been registered with the SACSSP for 3 or more years.
- Status report will only be issued:
 - if Sections A, B, C and D of FORM RR.2 are correctly completed
 - if the required fee per status report is paid and proof of payment accompanies this application.
 - if the required documentary proof (certified where required) accompanies this application.

SECTION C: Personal Particulars

- ALL fields in Part B marked with an ***** **must be completed.** If a field is not compulsory (not marked with an *****) only complete the parts that have changed.

Status reports will be issued subject to the conditions as prescribed in the Social Service Professions Act 110 of 1978 and regulations thereto as well as policies approved by the SACSSP.

A. SACSSP registration number

<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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B. STATUS REPORT(S) REQUIRED

Mark only the status report(s) that you request *(mark with X)*

<input type="checkbox"/>	D-1 Certificate of status for WORKING ABROAD <i>(working outside the RSA)</i>
<input type="checkbox"/>	D-2 Certificate of status for doing an INTERNSHIP ABROAD <i>(internship outside the RSA)</i>
<input type="checkbox"/>	D-3 Certificate of status for STUDY ABROAD <i>(post graduate or similar studies outside the RSA)</i>
<input type="checkbox"/>	D-4 Certificate of status for OSD* <i>(years of experience /promotion/job evaluation etc.)</i>
<input type="checkbox"/>	D-5 Certificate of status for PRIVATE PRACTICE
<input type="checkbox"/>	D-6 Certificate of status for BHF <i>(Please attach proof of application for the Board of Healthcare Funders of Southern Africa)</i>
<input type="checkbox"/>	D-7 Other <input type="text"/> <i>(specify)</i>

C. PERSONAL PARTICULARS

Title* _R *(mark ONE only with X)* Prof Dr Rev Mr Mrs Ms Miss

First names* _R *(as on ID)*

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Maiden name* *(if applicable)*

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname* _R *(as on ID)*

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ID number*

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Passport No¹ *(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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender^{2*} _R *(mark with X)* Male Female Home language

Marital status^{2*} *(mark with X)* Never married Married Divorced Widower Widowed

Population group² *(mark with X)* African Coloured Indian White Other

Disability² *(mark with X)* Yes No If **YES**, specify

¹ Only complete if you do not have an ID number

² Information for equity and statistical purposes

Proceed to SECTION D on the next page

INSTRUCTIONS:

SECTION D: Contact details

ALL fields in Section D marked with an * must be completed.

SECTION E: Documentary proof

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

SECTION F: Bank details

- See Section E-1 on fees payable.
ALWAYS use your registration number as DEPOSIT REFERENCE.
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 G: Declaration

- Read all parts of the declaration in Section G carefully.
Sign FORM RR.2 and append the date of completion in the provided spaces.
Complete the check list below before you submit the application.

FINAL CHECK LIST:

Before submitting your application check the following:

- FORM RR.2 is completed correctly and signed in page 2.
All applicable fields and pages are completed and I have double checked

Attachments (as applicable)

- Proof of payments (see Section E-1)
Certificated copy of ID (see Section E-2)
Certified copies of qualifications (see Section E-3)
Proof of application for BHF, if applicable (see Section E-4.1)
Supporting document(s) in case of D-7, if applicable (see Section E-4.2)

IMPORTANT

Incomplete applications cannot be processed and will cause an unnecessary delay. An additional fee will apply for incomplete applications that were referred back upon the resubmission of such an application.

D. CONTACT DETAILS

Postal address*

Grid for postal address

Town*

Province* (mark with X in block)

Province selection table with EC, FS, GA, KZ, LP, MP, NW, NC, WC and Postal code

Email* (write clearly)

Input field for email

Mobile / Cel number*

Input field for mobile number

Telephone*

Input field for telephone number

E. 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:

- E-1 Proof of payment (see Section F)
E-1.1 Proof of payment for each status report requested in South African Rand.
E-1.2 Each status report requested will be charged separately.
E-1.3 It is the responsibility of the applicant to ascertain the correct amount payable prior to the submission of this application.
E-2 Proof of identity (see Section C)
E-2.1 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
E-3 A certified copy of qualification(s)
E-4 In the case of application for status report indicated in:
E-4.1 D-6: Attach proof of application for the Board of Healthcare Funders of Southern Africa.
E-4.2 D-7: Attach proof related to the motivation for this application.

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

F. 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 fees on the date of application for a status report. 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

G. DECLARATION

I, the undersigned, declare that the information furnished in this application form is true and correct in all respects and herewith request the Registrar to provide me a report related to my status and registration with the SACSSP. Furthermore, I, the undersigned, -

(a) understand that it is my responsibility to keep my particulars in the Register up to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed 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. (This to be done through FORM-RR.1);

(b) agree that if the Registrar receives a request in terms of section 17(2)(b) for access to the Register 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 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 line

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

- by registered mail to: OR by email:
The Registrar SACSSP Private Bag X12 Gezina Pretoria 0031
A clear signed scanned copy of FORM RR.2 may be emailed to reghelpdesk@sacssp.co.za together with ALL the required additional information (see Section E) and the original completed FORM RR.2 must follow the emailed version by ordinary or registered mail with all the supporting documents.

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

FOR OFFICE USE ONLY

INTERNAL CHECK LIST

- Applicant informed about outcome on (date)
Application and supporting documents filed on applicant's file
Applicant's details checked and updated on the Register against his or her name
Status report issued, if approved
If applicant indicated an opt out in terms of Section G(b) record on the Register against applicant's name.

INTERNAL REVIEW

Name & Surname, Signature, Date

COMMENTS:

APPROVED for (mark with X) D-1 D-2 D-3 D-4 D-5 D-6 D-7

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

DECLINED and the reasons for the decision provided to the applicant.