



**SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

**APPLICATION**

**DUPLICATE REGISTRATION CERTIFICATE AND/OR CARD**

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 duplicate registration certificate or registration card 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](mailto:reghelpdesk@sacssp.co.za)

Telephone: (012) 356 8300

[www.sacssp.co.za](http://www.sacssp.co.za)

**GENERAL INSTRUCTIONS**

- FORM RR.3 needs to be completed to apply for the issuing of a **duplicate registration certificate or registration card** to a person registered with the South African Council for Social Service Professions.
- FORM RR.3 must be completed **personally by the applicant** - in print or typed.
- Study FORM RR.3 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 each section for the documents that must accompany FORM-RR.3.
- A duplicate registration certificate or registration card will only be issued upon the receipt of a completed FORM RR.3 and the *payment of the required fees.*
- Complete the checklist at the end of FORM RR.3 *before* you submit it.
- Print and return this original FORM RR.3 to the SACSSP by registered mail or courier mail services for ease of tracking. Address is on *page 3.*
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a *r* will be visible to the public.

**INSTRUCTIONS:**

**SECTION A: Nature of the request**

• **Must be completed** by all applicants.

**SECTION B: Registration number**

• **Must be completed** by all applicants. Insert your SACSSP registration number.

**SECTION C: Personal Particulars**

• ALL fields in Section C marked with an \* **must be completed**. If a field is not compulsory (not marked with an \*) only complete the parts that have changed.

**PLEASE NOTE:** No *Registration Certificate or Registration Card* will be re-issued to a person who is de-registered. Such a person needs to contact the SACSSP and/or apply in the prescribed manner for the restoration or re-instatement of registration with the SACSSP

**A. NATURE OF REQUEST** (Mark with **x**)

Duplicate registration certificate  Duplicate registration card

**B. REGISTRATION NUMBER**

Insert the SACSSP registration number linked to your profession only

**1 0** -

Social worker

**5 0** -

Social auxiliary worker

**4 0** -

Student social worker

**3 0** -

Student social auxiliary worker

**7 0** -

Child and youth care worker (professional category)

**9 0** -

Child and youth care worker (auxiliary category)

**2 0** -

Student child and youth care worker (professional level)

**8 0** -

Student child and youth care worker (auxiliary level)

**C. 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\*

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

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

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

<sup>1</sup> Only complete if you do not have an ID number

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

Proceed to **SECTION D** on the next page



**INSTRUCTIONS:**

**SECTION G: Documentary proof**

- Read this section carefully as it will guide you on the documents that must accompany your application (FORM RR.3).
- Please number each Annexure.

**SECTION H: Bank details**

- See Section H-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's bank account.
- **Keep a copy** of your proof of payment for your own records.

**SECTION I: Declaration**

- Read **all parts** of the declaration in *Section I* carefully.
- Sign FORM RR.3 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.3 is completed correctly and signed in page 3.
- All applicable fields and pages are completed and I have double checked

**Attachments (as applicable)**

- Proof of payments (see *Section G-1*)
- Certified copy of ID (see *Section G-2*)
- Sworn affidavit, if applicable (see *Section G-3.1*)
- Damaged certificate or card, if applicable (see *Section G-3.2*)
- Certified documentary proof of change of name or surname, if applicable (see *Section G-3.3*)
- FORM RR.1 in case of change of name or surname, if applicable (see *Section G-3.3*)

**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 your registration.

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

**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*)
  - G-1.1 Proof of payment for duplicate registration certificate and/or duplicate registration card requested in South African Rand.
  - G-1.2 Separate fees are payable for a duplicate registration certificate and duplicate registration card, if both are requested.
  - G-1.3 It is the responsibility of the applicant to ascertain the correct amount payable prior to the submission of this application.
- G-2 Proof of identity**
  - 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 The following must be attached in the case of:**
  - G-3.1 Lost or stolen registration certificate or registration card (E-1 or F-1): A sworn affidavit with reasons stamped and signed by the SAPS only.
  - G-3.2 Damaged registration certificate or registration card (E-2 or F-2): Attached the damaged registration certificate or registration card.
  - G-3.3 Change of names and/or surname on registration certificate or registration card (E-3 or F-3): Attached the certified documentary proof of change of surname, e.g. marriage certificate or identity document and a completed FORM RR.1.

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

**H. FEES PAYABLE & BANKING DETAILS**

Please consult the *Regulations relating to the fees payable by social workers, child and youth care workers, social auxiliary workers, auxiliary child and youth care workers, student social workers and student child and youth care workers* made under the Social Service Professions Act 110 of 1978 to ascertain the applicable fees on the date of application for a duplicate registration certificate and duplicate registration card. 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

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

**I. 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 duplicate registration certificate and/or duplicate registration card.

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<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**

- Applicant informed about outcome on \_\_\_\_\_ (date)
- Application and supporting documents filed on applicant's file
- Applicant's details updated on the *Register* against his or her name
- Duplicate **registration certificate** issued, if approved
- Duplicate **registration card** issued, if approved
- If applicant indicated an *opt out* in terms of *Section I(b)* record on the *Register* against applicant's name.

**INTERNAL REVIEW**

\_\_\_\_\_  
 Name & Surname

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Application is (mark with X)

**APPROVED for** (mark with X)  **INCOMPLETE** and is referred back to the applicant to provide the missing information.  **DECLINED** and the reasons for the decision provided to the applicant.

E-1 E-2 E-3 F-1 F-2 F-3

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_