



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

NOTICE

Change of name and/or change of residential and postal address

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 to notify the Registrar regarding a change in name and/or change in residential or postal address or other contact details as contemplated in section 19 of the Social Service Professions Act 110 of 1978 and the regulations thereto.

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.1 needs to be completed to notify the Registrar regarding a change in name and/or change in residential or postal address or other contact details.
- FORM RR.1 must be completed personally by the applicant - in print or typed.
- Study FORM RR.1 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 from Section B onwards 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.1.
- Complete the checklist at the end of FORM RR.1 before you submit it.
- Print and return this original FORM RR.1 to the SACSSP by registered mail or courier mail services for ease of tracking. Address is on page 4.
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with an * will be visible to the public.

INSTRUCTIONS:

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

Every social service practitioner registered with the South African Council for Social Service Professions is legally obliged under the specific Regulations pertaining to his or her profession to notify the Registrar

- within **three (3) months** of a name change with supporting evidence; and
- within **six (6) weeks** of any change in residential or postal address or other contact details

as to ensure that his or her particulars are up to date in the Registers kept by Council in terms of section 19 of the

A. SACSSP 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)

B. PERSONAL PARTICULARS

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

First names*_R (as on ID)

Maiden name* (if applicable)

Surname*_R (as on ID)

ID number*

Passport No¹ (if applicable) Country of origin

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

Gender^{2*}_R (mark with X) Male Female Home language

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

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

Notice: **CHANGE OF NAME AND/OR ADDRESS**

INSTRUCTIONS:

SECTION E-1: Employment status
Must be completed by all applicants.

SECTION E-2: Current employment
Must be completed by all applicants, EXCEPT persons who are fulltime students, unemployed or retired.

E. EMPLOYMENT PARTICULARS

E-1. Mark ONE most appropriate option (mark ONE only with X)

Full time employed Part-time employed Self-employed Unemployed

Retired_R Fulltime student Other* (specify)

E-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* - -

Post/designation*

Nature of employer (mark ONE only with X):

National Government Provincial Government Local Government Government entity

Industry Private Practice Academia NPO or CBO

Other If Other, specify

F. 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:

- F-1 Proof of identity** (see Section B)
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.
- F-2 Change of names/surname** (if applicable)
Certified copy of documentary proof of change in first names and/or surname.
F-2-1 If you wish these changes to be effected on your Registration Certificate or Card, please also complete FORM RR.3.
- F-3 Change in marital status** (if applicable)
Certified copy of documentary proof of change in marital status.
F-3-1 If you wish these changes to be effected on your Registration Certificate or Card, please also complete FORM RR.3.
- F-4 Qualifications** (if applicable)
F-4.1 Certified copies of qualification certificates Please keep a copy of this form and all the supporting documents for your own records.

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

G. 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. 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.

SECTION F: Documentary proof

- Read this part carefully as it will guide you on the documents that must accompany your application (FORM RR.1).
- Please number each Annexure.

SECTION G: Bank details

- No fees are payable for the change of name and/or address.
- 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.

Proceed to SECTION H on the next page

Notice: **CHANGE OF NAME AND/OR ADDRESS**

INSTRUCTIONS:

SECTION H: Declaration

- Read **all parts** of the declaration in *Section H* carefully.
- Sign FORM RR.1 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.1 is completed correctly and signed in page 4.
- All applicable fields and pages are completed and I have double checked

Attachments (as applicable)

- Certificated copy of ID (see *Section F-1*)
- Certified proof of change name and/or surname - if applicable (see *Section F-2*)
- Certified proof of change in marital status - if applicable (see *Section F-3*)
- Certified copies of qualifications - if applicable (see *Section F-4*)

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.

H. 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 update my particulars in the Registers kept by Council in accordance with section 19 of the Social Service Professions Act 110 of 1978.

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 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 on of 20

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

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

NOTE

A clear signed scanned copy of FORM RR.1 may be emailed to reghelpdesk@sacssp.co.za if the only changes are in *Section C* (address/ contact details) and the original completed FORM RR.1 **must follow** the emailed version by ordinary or registered mail.

FOR OFFICE USE ONLY

Do not complete

INTERNAL CHECK LIST

- Applicant informed about outcome on _____ (date)
- Notice and supporting documents filed on applicant's file
- Applicant's details updated on the *Register* against his or her name
- If applicant indicated an *opt out* in terms of *Section H(b)* record on the Register against applicant's name.

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.

COMMENTS: