



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

PROFESSIONAL CONDUCT

**NOTICE OF
DISPUTE AGAINST A DETERMINATION BY THE REGISTRAR**

To be completed to lodge a dispute against a finding or determination of the Registrar or designated official in terms of Regulation 4(4).

SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

SACSSP
Private Bag X12
Gezina
Pretoria
0031

ENQUIRIES:
Email: profcond2@sacssp.co.za

Telephone: 012 356 8300/ 8315

www.sacssp.co.za

GENERAL INSTRUCTIONS

- Please read *Section A* **before** your complete FORM C.1.6
- FORM C.1.6 needs to be completed to lodge to lodge a dispute against a finding or determination of the Registrar or designated official in terms of Regulation 4(4) of the *Regulations regarding the conducting of inquiries into alleged unprofessional conduct* (Government Notice R 917 published in Government Gazette No 25109 of 27 June 2003)
- A dispute must be lodged in writing in the form of FORM C.1.6 and completed in English.
- FORM C.1.6 should preferably be typed or, alternatively, if handwritten, must be legible and the submission should be in English.
- Study FORM C.1.6 carefully **before** completing it. Read the instructions with each section and answer all questions fully, clearly and correctly. If you have to make any corrections to your answers - *initial* in the right margin next to the correction made.
- Before you submit the dispute form (FORM C.1.6) double check that you have included everything.
- Complete the checklist at the end of FORM C.1.6 **before** you submit it.
- FORM C.1.6 and all supporting documents may be submitted by post (ordinary mail or registered mail), courier, electronic mail (eMail) or hand delivered. Address is on *page 2*.

INSTRUCTIONS:

SECTION B: Details of person lodging the dispute

- This section **must be completed**.
- B-1:** Indicate the reference number that is on the correspondence that you received from the SACSSP.
- B.2:** All fields marked with * must be completed as to ensure the SACSSP is able to contact you regarding this dispute.
- If the person lodging the dispute is not a social service professional registered with the SACSSP, the SACSSP registration number field does not need to be completed.

A. OVERVIEW AND GUIDANCE

In the case where either the complainant and/or respondent lodges a dispute against a finding or determination made by the Registrar or designated official in terms of regulation 4(3)(a); 4(3)(b) and 4(3)(c) of the *Regulations regarding the conducting of inquiries into alleged unprofessional conduct* (Government Notice R 917 published in Government Gazette No 25109 of 27 June 2003).

Any dispute must be lodge in writing in the form of FORM C.1.6 within **21 calendar days**.

Disputes against the finding or determination by the Registrar or designated official will be referred to the Committee of Preliminary Inquiry in terms of regulation 4(4) for further investigation.

For more information please visit www.sacssp.co.za and go to the **PROFESSIONAL CONDUCT** link

B. DETAILS OF THE PERSON LODGING THE DISPUTE

B-1 Reference number

B-2 Details of person (in the case of an organisation, indicate details of the *representative* of the organisation)

Title* (mark **ONE** only with **X**)

Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Rev	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	<input type="checkbox"/>
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First names* (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"/>	<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"/>

Surname* (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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SACSSP Registration no.

<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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Only applicable to persons registered with the South African Council for Social Service Professions

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"/>
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Mobile / Cell 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"/>
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Telephone* (during the day)

<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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Email* (write clearly)

Home language*

Postal address*

Town*

Province*

<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"/>
EC	FS	GA	KZ	LP	MP	NC	NW	WC

Postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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INSTRUCTIONS:

SECTION C: Dispute

- This section must be completed.
- The reasons for the dispute need to clearly and concisely indicated.
- If you need more space, please add an A4 folio page(s) and mark it clearly with the corresponding section number.

C. DISPUTE (Regulation 4(4))

I, (full names)
as the complainant/respondent (*delete part not applicable*) in the matter regarding

full names and surname of respondent

with SACSSP registration number - , hereby declares

that I have been informed by the SACSSP that the Registrar or designated official made a finding in terms of sub-regulation 4(3)(a); 4(3)(b) and 4(3)(c). I hereby state that I am aware of the outcome and dispute the decision.

My reason/s for the dispute is/are as follows: *(Please be brief, and list in point form)*

If you need additional space, please add an A4 folio to this form and mark it clearly as Annexure C

SECTION D: Declaration

- Please read and complete Section D.
- Sign FORM C.1.6 and append the date of completion in the provided spaces.
- Please have a witness co-sign the form.
- FORM C.1.6 must also be verified by a Commissioner of Oaths.
- Complete the check list below **before** you submit the application.

FINAL CHECK LIST:

Before submitting this complaint form please check the following:

- I read *Section A*
- All required fields in *Section B* are completed and I have double checked
- All required fields in *Section C* are completed and I have double checked
- All additional pages that were added as part of *Section C* are clearly marked with the corresponding section number.
- FORM C.1.6 is signed on page 2 by the person lodging the dispute and one witness
- FORM C.1.6 is verified by a Commissioner of Oaths

Please send complaint (FORM C.1.6) with all annexures to

SACSSP
Private Bag X 12
Gezina 0031

or submit by hand or courier

SACSSP
37 Annie Botha Avenue
Riviera, Pretoria

or email to profcond2@sacssp.co.za

FOR OFFICE USE ONLY
Do not complete

INTERNAL CHECK LIST

- Receipt acknowledged
- FORM C.1.6 complete
- Certified by Commissioner of Oaths
- Dispute registered
- File number allocated
- Referred to CPI

D. DECLARATION

1. I acknowledge that I have been made aware that any dispute against a finding of the Registrar or designated official must be lodged in writing within **21 calendar days** after such finding has been communicated to me.
2. I acknowledge that my dispute against a finding or determination made by the Registrar or designated official will be dealt with in accordance with sub-regulation 4(4) of the *Regulations regarding the conducting of inquiries into alleged unprofessional conduct* (Government Notice R 917 published in Government Gazette No 25109 of 27 June 2003).
3. I acknowledge that I, and/or any witnesses whom I may call upon, will need to be available in person should the *Committee for Preliminary Inquiry or Professional Conduct Committee* call upon me for further evidence. This may be at my own cost.
4. I realise that I am not entitled to legal representation at the preliminary inquiry (regulation 10).
5. Should I not be in agreement with the outcome relating to my lodged dispute, and should I wish to proceed further with this matter, I shall do so via alternate means and at my own cost.

Signed at place on day of month 20 year

Signature: Applicant

Signature: Witness

COMMISSIONER OF OATHS:

I declare that the deponent fully understands and accepts the contents of this document and has been duly sworn in

Full names

Designation

Telephone

Signature Date

STAMP