



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

APPLICATION

EXEMPTION FROM ANNUAL FEES

regulation 3(a)

for a registered person who has attained the age of 65 years before or on 2 January in terms of regulation (3)(a)

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:

- Any social service professional registered with the SACSSP who has attained the age of 65 years on the 2nd January and who is not full-time employed or continue to be full-time employed may apply in terms of regulation 3(a) of 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 (Government Notice No. R. 15121 published in Government Gazette No 45501 of 19 November 2021) (the Regulations) to be exempted from the payment of annual fees for the following financial year (starting on 1 April) by 1 January and not later than 15 February each year in the form of FORM RR.4. Applications received after 15 February will not be considered for the financial year starting on 1 April and full annual fees will be payable for that financial year.
- "Full-time employment" (including full-time practice) is as defined in section 198C of the Labour Relations Amendment Act 66 of 1995.
- "Exemption" means that no annual fee is payable by the person exempted.
- Exemption from the payment of annual fees will only be considered if the annual fees for previous years were paid, unless such a person was already exempted in terms of regulation 3(a), and will not be applied retrospectively.
- Take note of paragraphs (iii), (iv), (v), (vi) and (vii) in the Declaration particularly.
- FORM RR.4 must be completed personally by the applicant - in print or typed and must be submitted by email to the above email address or by registered mail to the above postal address before 15 February each year.

SACSSP Registration number:

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A. PERSONAL AND CONTACT DETAILS

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

Full names

Surname

Postal address

<input type="text"/>							
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Postal code*

Province (mark with X in block)

<input type="checkbox"/> EC	<input type="checkbox"/> FS	<input type="checkbox"/> GA	<input type="checkbox"/> KZ	<input type="checkbox"/> LP	<input type="checkbox"/> MP	<input type="checkbox"/> NC	<input type="checkbox"/> NW	<input type="checkbox"/> WC
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Telephone/ mobile number

Email address (write clearly)

B. REQUEST FOR EXEMPTION FROM PAYMENT OF ANNUAL FEES

I, the undersigned, herewith requests to be exempted from the payment of annual fees in terms of regulation 3(a) of the Regulations for the financial year starting on 1 April as I have attained the age of **65 years** before or on 2 January and will no longer be practising my profession on a full time basis.

C. DECLARATION

I, the undersigned, declare that -

- I have attained the age of 65 years before or on 2 January of this year.
- I am aware that I may not practise the profession for which I am registered for with the South African Council for Social Service Professions (SACSSP) full-time, either through employment or private practice or similar.
- I understand that notwithstanding being exempted from the payment of annual fees in accordance with regulation 3(a), I remain registered with the SACSSP, may continue to use the title related to the profession I am registered for and the provisions of the Social Service Professions Act 110 of 1978 as well as the Regulations and Rules thereto continues to apply to me as a registered social service professional.
- I am aware that in the case where I plan to practise the profession that I am registered for on a full-time basis, I need to inform the Registrar of the SACSSP in writing in the form of FORM RR.6: Notice of re-entry and pay the prescribed annual fee for that financial year, before I resume the full-time practising of the profession I am registered for.
- I am aware that I need to re-apply every year in the form of FORM RR.4, in accordance with regulation 3(a), before 15 February for the continued exemption from payment of annual fees, as to remain registered and in good standing with the SACSSP.
- I am aware that if I fail to re-apply every year, as contemplated in regulation 3(a), before or on 31 March, my name will be removed from the Register (I will be de-registered) in accordance with section 20(1) of the Act and I may not, following such removal, be involved or participate in any act pertaining to the scope of practice of the profession I was registered for prior to such removal from the Register, including any act in a voluntary, full-time, part-time, ad hoc, advisory, managerial or similar capacity.
- I am aware that in the case where I was removed from the Register in terms of section 20(1) and wish to restore my name to the Register, notwithstanding the fact that I have attained the age of 65 at anytime before this date and was exempted from the payment of annual fees, I am required to apply for my name to be restored (restoration) to the Register as prescribed in section 20(3) and pay the required restoration fee and annual fee for that financial year, and may only re-enter (practice) my profession upon approval of my restoration by the SACSSP, subject to the conditions that may be prescribed. Furthermore, should I meet the requirements for the exemption from annual fees, I need to apply for such exemption from the following financial year, subject to the submission of an application in the form of FORM RR.4 before 15 February.

FOR OFFICE USE

Received (date): ___/___/20___
Receipt acknowledged: ___/___/20___

Application for exemption (mark applicable)

First time

Annual re-application:

Exemption of payment of annual fees:

Approved Not approved

Entered in Register:

Applicant informed on: ___-___-20___
in the form of FORM RR.4.1

Signed at on of 20

FORM RR.4 must be submitted by email to the above email address or by registered mail to the above postal address.

IMPORTANT: If FORM RR.4 is submitted by email, please keep the original copy of the Form, as the SACSSP may request original copies for the purpose of verification.

Signature: Applicant