



# SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

## APPLICATION

### PARTIAL EXEMPTION FROM ANNUAL FEES

#### regulation 3(b): HEALTH REASONS

for a registered person in terms of regulation (3)(b)

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:

- Any social service professional registered with the SACSSP may apply in terms of regulation 3(b) 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. 1512 published in Government Gazette No 45501 of 19 November 2021) (the Regulations) to be partially exempted from the payment of annual fees for the following financial year for **health reasons**.
- Applications for partial exemption from the payment of annual fees must reach the SACSSP by 1 January and not later than 15 February each year in the form of **FORM RR.5A**. 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.
- Partial exemption from the payment of annual fees will only be considered if the annual fees for previous years were paid and will not be applied retrospectively.
- An applicant will be informed in writing no later than 15 March that a partial exemption for the payment of annual fees was granted whereafter he or she needs to pay the partial portion of the annual fee no later than 31 March. The full annual fee remains payable until such notice is received.
- Incomplete applications will not be processed nor considered. Please check:
  - ☐ Application complete and signed
  - ☐ Annexure A attached
  - ☐ Annexure B attached

SACSSP Registration number:

  -    

#### A. PERSONAL AND CONTACT DETAILS

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

Full names

Surname

Postal address

Postal code\*

Telephone/ mobile number

Email address (write clearly)

#### B. REQUEST FOR PARTIAL EXEMPTION: PAYMENT OF ANNUAL FEES

I, the undersigned, herewith requests to be partially exempted from the payment of annual fees in terms of regulation 3(b) of the Regulations for the financial year starting on 1 April for the *health reasons* and meeting the requirements as set out in the Regulations, and I am attaching the following in support of this application:

- Written motivation by myself with reasons to support this application (attached as Annexure A)
- Written note by a medical doctor to support this application (attached as Annexure B)

*Note: No application will be considered without the above two Annexures.*

#### C. DECLARATION

I, the undersigned, declare that -

- the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to my request.
- I am aware, subject to regulation 3(d), that I may not practise the profession for which I am registered for with the South African Council for Social Service Professions (SACSSP) in any form while being partially exempted from the payment of annual fees.
- I understand that notwithstanding being partially exempted from the payment of annual fees in accordance with regulation 3(b), I remain registered with the SACSSP 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 should I wish to re-enter (practise) the profession that I am registered for, I need to inform the SACSSP in writing in the form of FORM RR.6: Notice of re-entry and pay the prescribed annual fee, subject to regulation 3(d), for that financial year within thirty (30) days, before I resume the practising of the profession I am registered for.
- I understand that I need to re-apply every year, unless otherwise indicated in writing by the SACSSP, in the form of FORM RR.4, should the reasons for my application as indication on this form continue to exist, before 1 January for the continued partial exemption from payment of annual fees, as to remain registered and in good standing with the SACSSP.
- I understand should I fail to pay the partial portion of the annual fee 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. Furthermore, I will be liable for any fines imposed by the Registrar in full and, in the case where I need to apply for my name to be restored (restoration) to the Register as prescribed in section 20(3), I have to pay the prescribed restoration fee and full 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. And, should I meet the requirements for the partial exemption from annual fees, I need to apply for such partial exemption from the following financial year, subject to the submission of such application in the form of FORM RR.4 before 1 January.

#### FOR OFFICE USE

Received (date): \_\_\_/\_\_\_/20\_\_\_

Receipt acknowledged: \_\_\_/\_\_\_/20\_\_\_

Application for partial exemption (mark applicable): Complete ☐  
First time ☐ Annual re-application: ☐

Partial exemption of payment of annual fees:

Approved ☐ Not approved ☐

Entered in Register: ☐

Applicant informed on: \_\_\_/\_\_\_/20\_\_\_  
in the form of **FORM RR.6**

Signed at  on  of  20

**FORM RR.5A** must be submitted with the required Annexures by email to the above email address or by registered mail to the above postal address.

**IMPORTANT:** If **FORM RR.5A** is submitted by email, please keep the original copy of the Form and Annexures, as the the SACSSP may request original copies for the purpose of verification.

Signature: Applicant