



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION

PARTIAL EXEMPTION FROM ANNUAL FEES

regulation 3(c): NON PRACTISING

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

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 may apply in terms of regulation 3(c) 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 he or she is not practising the profession he or she is registered for in any form, including in a managerial or advisory capacity.
- 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.5C. 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

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

Postal code*

Telephone/ mobile number

Email address (write clearly)

B. REQUEST FOR PARTIAL EXEMPTION: PAYMENT OF ANNUAL FEES

I, the undersigned, herewith request to be partially exempted from the payment of annual fees in terms of regulation 3(c) of the Regulations for the financial year starting on 1 April as I am not practising the profession I am registered for in any form, but wish to remain registered with the SACSSP while not practising. I am attaching the following in support of this application:

- Written motivation by myself with reasons to support this application (attached as Annexure A)

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 understand, 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) and I will not be involved, nor do I intend to be involved, in any act pertaining to the scope of practice of the profession for which I am registered for in any form, including any act in a voluntary, part-time, ad hoc, advisory, managerial or similar capacity, 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(c), 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 understand that partial exemption from the payment of annual fees is valid for as long as I am not practising the profession for which I am registered for with the SACSSP, should the reasons for my application as indicated on this form continue to exist, subject to the payment of the reduced annual fee by 31 March each year.
- I understand 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 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 (practise) 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.5C before 1 January.

Signed at on of 20

place day month year

Signature: Applicant

FOR OFFICE USE

Received (date): ___ / ___ / 20___

Receipt acknowledged: ___ / ___ / 20___

Application for partial exemption (mark applicable): Complete ☐
First time ☐ 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.12

FORM RR.5C must be submitted with the required Annexure by email to the above email address or by registered mail to the above postal address.

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