



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION

EXEMPTION FROM ANNUAL FEES

in terms of regulation (3)(b)
by UNEMPLOYED social service professionals

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:

1. Any social worker, social auxiliary worker, child and youth care worker or auxiliary child and youth care worker 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 exempted from the payment of annual fees for the following financial year if he or she is *unemployed and has no form of income, and was unemployed for three (3) consecutive months or longer on the date of this application*, subject to the submission of written proof.

2. Applications for exemption from the payment of annual fees must reach the SACSSP by 1 November and not later than 30 November each year in the form of **FORM RR.5B**. Applications received after 30 November will not be considered for the financial year starting on 1 April and full annual fees will be payable for that financial year.

3. For the purpose of this application "unemployed" means a person registered with the SACSSP who is employable and who

- is not full-time or part-time employed, inclusive of being self-employed, as a social service professional or otherwise;
- does not have any form of income;
- who is actively seeking employment as a social service professional but is unable to find such employment; and
- was unemployed for three (3) consecutive months or longer on the date of this application.

4. Exemption from the payment of annual fees will only be considered if the annual fees for previous year(s) were paid and will not be applied retrospectively.

5. An applicant will be informed in writing no later than 31 December that an exemption for the payment of annual fees was granted or not. The full annual fee remains payable until such Notice is received.

6. Incomplete applications will not be processed nor considered. Please check:

- ☐ Application form complete & signed
- ☐ Annexure A: Completed & signed
- ☐ Annexure B: Affidavit completed at SAPS
- ☐ Annexure C: Attached

FOR OFFICE USE

Received (date): ____ / ____ / 20 ____

Receipt acknowledged: ____ / ____ / 20 ____

Application for exemption (mark applicable):

Complete ☐ 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.5B.1** or **RR.5B.2**

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 EXEMPTION: PAYMENT OF ANNUAL FEES

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

- Written motivation completed by myself to support this application in the form of *Annexure A* to this application
- Affidavit completed at the South African Police Service (SAPS) in the form of *Annexure B* to this application
- Written proof (evidence of an application(s)) made for employment and/or that such application was not successful within the six (6) months preceeding this application) that I am unemployed (attach to this form as *Annexure C*).

NOTE: No application will be considered without the above three (3) 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 currently unemployed and that I *do not have any form of income*. Furthermore, I was unemployed for three (3) consecutive months or longer on the date of this application.
- 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)* in any form while being exempted from the payment of annual fees.
- I understand that notwithstanding being 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 continue to apply to me as a *registered social service professional*.
- 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 within 30 days after the first day of such employment the outstanding annual fees calculated *pro rata* for remainder of that financial year
- I understand that should I meet the requirements for the exemption from payment of annual fees, such exemption is *only valid for the financial year I applied for* and that I need to re-apply for such exemption for the subsequent financial year(s) should the reasons for such exemption continue to exist, and that such application shall be made before or by **30 November** each year in the form of **FORM RR.5B** with all the required supporting documents.
- I understand that I remain liable to pay the prescribed annual fees for the financial year that I am applying to be exempted from the payment of annual fees if: this application form is not received by the SACSSP by **30 November** (as it will not be considered if received after this date) **OR** if my application to be exempted from the payment of annual fees is declined. Failure to make such payment by **31 March** will result in my name being removed from the *Register* (I will be de-registered) in accordance with section 20(1) of the Act, and 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.

Signed at on of 20

place day month year

FORM RR.5B 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.5B** 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.

Signature: Applicant

INSTRUCTIONS:**ANNEXURE A: Written motivation**

- Must be completed by an applicant.
- The applicant must insert his or her SACSSP registration number at the top of *Annexure A*.
- *Annexure A* must provide sufficient motivation and information in relation to the applicant's request to be exempted from the payment of annual fees in terms of regulation 3(b) of the *Regulations*.
- If additional space is needed, please attached an A4 folio and mark clearly as *Annexure A-1 as* additional page.
- *Annexure A* must be dated and signed by the applicant.
- *Annexure A* must be attached to application form, **FORM RR.5B**. No applications will be considered without a completed Annexure A.

CHECK LIST: Annexure A

- ☐ SACSSP registration number inserted
- ☐ Motivation is clearly formulated with facts.
- ☐ Annexure A-1 clearly marked and attached (if applicable, see above)
- ☐ Annexure A dated and signed

SACSSP Registration number:

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ANNEXURE A: WRITTEN MOTIVATION

Written motivation to be exempted from the payment of annual fees in terms of regulation 3(b) of the *Regulations* to be attached to **FORM RR.5B**

Signed at

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on

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of

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20

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place

day

month

year

Signature: Applicant

INSTRUCTIONS:

Any social service professional (social worker, social auxiliary worker, child and youth care worker and/or auxiliary child and youth care worker) registered with the South African Council for Social Service Professions (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 exempted from the payment of annual fees for the following financial year if he or she:

- is not full-time or part-time employed, inclusive of being self-employed, as a social service professional or otherwise;
- does not have any form of income;
- who is actively seeking employment as a social service professional but is unable to find such employment; and
- was unemployed for three (3) consecutive months or longer on the date of this application.

Regulation 3(b) requires that this affidavit be made at the South African Police Service (SAPS).

Applicants need to take the following documents with to the SAPS:

- South African ID Book or valid passport
- Proof of registration with the SACSSP

This affidavit is only valid if it:

- is signed in the presence of a member of the South African Police Service (SAPS) at a police station;
- is dated and signed by a member the SAPS followed by his or her full names, rank and the name of the police station; and
- has the official stamp of the SAPS police station where the affidavit was made.

This affidavit needs to be attached to the **FORM RR.5B**. No applications will be considered without this affidavit.

CHECK LIST: Annexure B

- ☐ Full and surname as on ID (or passport)
- ☐ ID number (or passport number)
- ☐ SACSSP registration number
- ☐ Profession registered for (written in full)
- ☐ Your signature

Completed by SAPS member

- ☐ Date of take making affidavit completed by a member of the SAPS
- ☐ Signature of SAPS member
- ☐ Name & surname of SAPS member
- ☐ Rank of SAPS member
- ☐ Name of police station (in full)
- ☐ SAPS official stamp

ANNEXURE B: SWORN AFFIDAVIT

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. 15121 published in Government Gazette No 45501 of 19 November 2021) to be completed at the South African Police Services (SAPS) and to be attached to **FORM RR.5B**

I, the undersigned,

state full names and surname as it appears on ID document

with identity number (ID):

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and SACSSP registration number

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do hereby declare that:

I am registered with the *South African Council for Social Service Professions (SACSSP)* as a

(state profession and category, e.g. (social worker, social auxiliary worker, child and youth care worker or auxiliary child and youth care worker))

I am on the date of making this affidavit unemployed and has no form of income;

I have been unemployed for a period of three(3) months or more on the date of this affidavit; and

I know and understand the contents of this statement and I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

Signature: Practitioner

I certify that the above statement was taken by me and that the practitioner has acknowledged that he/she knows and understand the contents of his/her statement and affirmed before me, and the practitioner's signature was done in my presence.

Signed and sworn before me

at _____ on _____ of _____ 20____

place

day

month

year

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Signature: SAPS member

Name and surname:

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Rank:

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Police station:

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SAPS STAMP