SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

APPLICATION FOR REGISTRATION

SOCIAL WORKER

To be completed by persons registering for the *first time* and/ or who are newly qualified as a **social worker** as contemplated in section 17 of the Social Service Professions Act 110 of 1978 and the *Regulations regarding the registration of social workers* (Government Notice No. 101 of 2011 published in Government Gazette No. 34020 of 18 February 2011)

SACSSP	SACSSP Registration as st	udent so	ocial	work	ær				4	0	-						
37 Annie Botha Avenue Riviera, Pretoria	A. PERSONAL PA	RTICU	LAF	RS				0	nly app	licable t	o gradua	ates reg	istering	for the fi	irst time	as a so	cial worke
0084	Title* (mark ONE only with x)	Prof	Dr		Rev		Mr		Mrs		Ms		Miss				
SACSSP Private Bag X12 Gezina	First names* (as on ID)																
Pretoria 0031																	4
ENQUIRIES: Email: regtemp7@sacssp.co.za																	\dashv
Telephone: (012) 356 8300	Maiden name* (if applicable)																_
www.sacssp.gov.za	Surname* (as on ID)																
GENERAL INSTRUCTIONS: 1. FORM R.1.SW.1 needs to be completed by a person who registers for the FIRST	ID number*																
time as social worker with the SACSSP in terms of section 17 of the Social Service Professions Act 110 of 1978.	Passport No ¹ (if applicable)								Со	untr	y of	orig	in				
Social workers who register for the first time as a social worker with the SACSSP and who have obtained their	Date of birth* (YYYY/MM/DD)	У	<u>у</u>	У	У	-	m	m	-		d	d					
basic qualification outside of the Republic of South Africa, must complete FORM	Gender ^{2*} _R (mark with x)	Male		Fema	ale		Ho	me	lang	guag	ge						
R.6.SW.1 3. FORM R.1.SW.1 must be completed personally by the applicant - in print	Marital status ^{2*} (mark with x)	Never married		Marri	ied		Divo	rced		Wid	low		Wido	ower			
or typed. 4. Study FORM R.1.SW.1 carefully before	Population group ² (mark with x)	African		Colou	ıred		Indi	an		Wh	iite		Oth	ner			
completing it. 5. Read the instructions with each section and answer all questions fully, clearly and	Disability ² (mark with x)	Yes	No		If Y	ES,	spec	ify									
correctly. 6. Fields that do not apply to you must be	B. CONTACT DET	AILS															
clearly deleted. Draw a line through such field.	Postal address*																
 If you have to make any corrections to your answers - initial next to the correction made in the right margin. 																	_
Incomplete and/or non-compliant applications will not be processed and				_						D			ما م				-
will be referred back to the applicant. Therefore, make sure that the application is completed correctly and submitted with	Didti-ldd*									P	ostal	COC	ie				\dashv
all the required supporting documents. 9. See Section H for the documents that	Residential address*																
must accompany FORM R.1.SW.1. 10. Complete the checklist at the end of FORM R.1.SW.1 before you submit it.																	=
11. Print and return this original FORM R.1.SW.1 to the SACSSP by registered	Town* _R																-
mail or courier mail services for ease of tracking. Address is on page 6.	ĸ									Po	ostal		le				
12. Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields mark with a _R will be visible to the public.	Province* (mark with x in block)	EC F	s	SA	KZ	LP		/IP	NW	NC	; v	vc	Į			!	
INSTRUCTIONS	Email* (write clearly)																
Registration number Must be completed by all applicants. Insert the registration number with the SACSSP	Mobile / Cel number*																
that was allocated to you as a <i>student social</i> worker.	Telephone (work)*			-													
SECTION A: Personal Particulars ALL fields in Section A marked with an * must be completed.	Telephone (home)			_													
SECTION B: Contact details	Fax number			-													
 ALL fields in Section B marked with an * must be completed. 	¹ Only complete if you do not have an ID number				2	Informa	ation for	equity a	nd stati.	stical pu	ırposes						

Proceed to **SECTION C** on the next page

INSTRUCTIONS:

- SECTION C-1: First qualification

 Must be completed by all applicants

 NB: A certified copy of documentary proof
- of the qualification indicated in Section
 C-1 must be attached to this application (FORM R.1.SW.1).

C.	ACAD	EMIC	PARTIC	CULARS
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C-1. Information on your first qualification in social work

Particulars of training institution (University, college, etc) Name of Institution, Contact person Telephone (work)

Academic information of applicant* (mark with x)

Country (If not in South Africa)

Qualification	Degree	Diploma	SW Certificate (NDP)	
Duration of course	2 years	3 years	4 years	
Name of qualification _R	e.g. BSW			

Date on which you initially registered as a student for this qualification

Date on Which you while he of order of the qualification					
Date on which this qualification was/will be conferred upon you:					
y y y - m m - d d					

SECTION C-2: 3 + 1 Qualification

- · Only to be completed by persons with a 3
- + 1 qualification.

 NB: A certified copy of documentary proof of the qualification indicated in Section
 C-2 must be attached to this application (FORM R.1.SW.1).

C-2. ONLY applicable to persons with a 3 + 1 year qualification: (mark with x)

Qaulification	Degree	Diploma	SW Certificate (NDP)	
Duration of course	1 year	2 years	3 years	
Name of qualification _R				

Date on which this qualification was/will be conferred upon you:

у у у -	m m -	d
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SECTION C-3: Subjects

Must be completed by all applicants.
Mark in the box for each year you have taken a subject e.g. if you took a subject for 4 years then mark all 4 boxes or if you have taken a subbject only at 1st year and 2nd year level only mark boxes 1 and 2.

Subject

- · Add additional subjects in the appropriate
- IMPORTANT: Original (not copy) of documentary proof issued by the training institution in which an indication is given of ALL the subjects you have pass during all four years of study and the duration of the course in each subject, if the subjects and the duration of the course in each subject have not been stated on the degree/diploma certificate, must be attached in order to be entered into the Register.

C-3. Subjects related to qualification* (COMPULSARY to complete by all applicants) (mark with x)

Sociology 1 2 3 4 Psychology 1 2 3 4 Other 2nd majors e.g. communication (specify): 1 2 3 4 Other 2nd majors e.g. criminology (specify): 1 2 3 4 Other (specify): 1 2 3 4	Social work	1	2	3	4
Other 2 nd majors e.g. communication (specify): 1 2 3 4 Other 2 nd majors e.g. criminology (specify): 1 2 3 4 Other (specify): 1 2 3 4	Sociology	1	2	3	4
Other 2nd majors e.g. criminology (specify): 1 2 3 4 Other (specify): 1 2 3 4	Psychology	1	2	3	4
Other (specify): 1 2 3 4	Other 2 nd majors e.g. communication (specify):	1	2	3	4
Other (specify): 1 2 3 4	Other 2 nd majors e.g. criminology (specify):	1	2	3	4
Other (specify): 1 2 3 4	Other (specify):	1	2	3	4
Other (specify): 1 2 3 4	Other (specify):	1	2	3	4
Other (specify): 1 2 3 4 Other (specify): 1 2 3 4 Other (specify): 1 2 3 4	Other (specify):	1	2	3	4
Other (specify): 1 2 3 4 Other (specify): 1 2 3 4	Other (specify):	1	2	3	4
Other (specify):	Other (specify):	1	2	3	4
	Other (specify):	1	2	3	4
Other (specify):	Other (specify):	1	2	3	4
	Other (specify):	1	2	3	4

Year courses

INSTRUCTIONS: SECTION C-4: Advanced qualifications

- Only complete if applicable.Date conferred refers to date when the qualification was conferred upon you by the training institution.
- NB: Certified copies of documentary proof of the qualifications in Section C-4 must be attached to this application (FORM R.1.SW.1).

SECTION C-5: Other qualifications

- Only to be completed if applicable.
 NB: Certified copies of documentary proof of the qualifications in Section C-5 must be attached to this application (FORM R.1.SW.1) in order to be entered into the Register.

SECTION D: Higher Education Institutions

- This section only applies if a qualification has not yet been conferred upon you and must be completed and signed by a person acting on the authority of the training institution, certifying that the qualification will be conferred upon you and on what date.
- This part must contain the official date
- stamp of the institution to be valid.
 The applicant may not complete this part.

SECTION E: General

- Must be completed by all applicants.
 Answer all questions honestly.
- If you need additional space, please add a page to FORM R.1.SW.1 and mark it clearly (on top of the page) "SECTION E" with the number of the question.

C-4. Academic particulars of advanced qualification(s) in social work

	Qualification _R	Training institution _R	Date conferred
1			
2			
3			

C-5. Academic particulars of advanced (post-registration) qualification(s) in other fields of study which you possess

	Qualification	Training institution	Date conferred
1			
2			

D. TO BE COMPLETED BY THE UNIVERSITY/TECHNIKON/COLLEGE

This part should only be completed where the applicant is a social work student in his or her final year

Name of Institution	
It is hereby certified that	full names and surname of student

complied with all the requirements for the Degree/Diploma/Certificate

				of this inst	itution		
on of		month	20 year				
to be issued at a gra	aduation ceremony on	of		month 20	yea		
We recommend him/her for registration as a social worker with the SACSSP							

Signature: Head of Department/School	Date	ORIGINAL OFFICIAL DATI
		STAMP OF INSTITUTION
Signature: Dean or designated faculty administrator	Date	

The completion of the Section D does not exempt the applicant from the requirements indicated in section H-4

GENERAL

All of the following questions must be answered (mark with x)

Have you ever been found guilty of unprofessional or improper conduct by the YES SACSSP? If YES, complete the rest (mark with X in applicable block) Υ Ν - were you reprimanded or cautioned? 1.2 - was your registration su

nature of the offence of which you were convicted, the year in which it took place and the sentence

spended?	Υ	N
		l

NO

Ν

Υ Ν - was your registration cancelled? - was the execution of your penalty suspended? Ν

- was the execution of your penalty suspended?	Υ	N				
Have you ever been found guilty of an of	fence	by a	court of law? If YES, specify the	YES	NO	ı

- was the imposition of a penalty postponed?

Nature of offence	Year	Sentence	
	_		

3.	Are any legal steps pending against you at present? If YES, specify what steps below.	YES	NO	

DISCLOSURE OF CRIMINAL OFFENCES

Any person who apply to be registered as a social worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 11 of the Regulations regarding the registration of social workers (Government Notice No. 101 of 2011 published in Government Gazette No. 34020 of 18 February 2011)

INSTRUCTIONS: PART-F-1: Registration History	F. REGISTRATION HISTORY											
 Must be completed by all applicants. Final year students in social work need 	F-1. Have you previously applied for registration with the SACSSP? (mark with x)											
to indicate their registration number as student social worker starting with 40 - in the appropriate area on the right.	YES NO If YES, what was the result? (mark with x) Approved Declined Incomple	te										
	If APPROVED, were you registered as: (mark with x)											
	Social worker Child & youth care worker											
	Social auxiliary worker Auxiliary child & youth care worker											
	Student social worker Student child & youth care worker											
	Student social auxiliary worker Student auxiliary child & youth care worker											
	Indicate registration number (see Registration Certificate)											
	G. EMPLOYMENT PARTICULARS											
SECTION G-1: Employment status	G-1. Mark ONE most appropriate option (mark ONE only with x)											
Must be completed by all applicants.	Full time employed Part-time employed Self-employed Unemployed											
	Retired _R Final year student Other' (specify)											
SECTION G-2: Current employment	G-2. Current employment (if applicable)											
Must be completed by all applicants, EXCEPT persons who are unemployed or retired	Name of employer*											
or retired	Street address*											
	Street address											
	Town* _R											
	Postal code											
	Postal address* (if different)											
	Postal code											
	Tolophone Postal code											
	Telephone											
	Email (write clearly) Fax number											
		d d										
	Date started with present employer* e.g. social worker											
	Post/designation*											
	Nature of employer (mark ONE only with x):											
	National Government											
	Industry Private Practice Academia NPO or CBO											
	Other If Other, specify											

INSTRUCTIONS

SECTION G-3: Previous employment <u>Must be completed</u> by all applicants who had a previous employer.

G-3. Previous employment																
lame of employer																
Address																
	Ш									Ро	sta	co	de			
Post/designation*	e.g. soc	cial work	er													
Period of employment as a	3 SO	cial	woı	rker	with	PR	REVI	OUS	SEN	ИPL	OYE	ER*:				
у у у у - т	m	-	d	d	TC	•	У	У		У	У -	ľ	n	m -	cl	d
elephone					- [
Email (write clearly)																

- SECTION H: Documentary proof
 Read this part carefully as it will guide you on the documents that must accompany your application (FORM R.1.SW.1).
- · Please number each Annexure

DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION Н.

This application must be accompanied by the following documents to be regarded as a complete and valid application:

Proof of payment to the value of the following prescribed fees in South African Rand:

H-1.1 Registration fee as social worker; and

H-1.2 Prescribed annual fee as social worker.

H-2 Proof of identity (see Section A)

H-4.3

A certified copy of your identity document (ID) or passport or residence permit indicating your: a. full names and surname;

b. date of birth or age; and

c. identity number/passport number acceptable to the SACSSP

H-3 Proof of marital status (if married) (see Section A)

A certified copy of the marriage certificate of a person who is married (should you wish to register in your married surname).

Proof of qualifications (RSA) (see Section C)

H-4 H-4.1 A certified copy of documentary proof of the qualification(s) in social work on the basis of which you apply for registration.

Original of documentary proof (*not a copy*) issued by the training institution in which an indication is given of – a. ALL the subjects you have passed during all four years of study and the duration of the course in each subject. H-4.2

b. ALL the subjects/modules credited or exempted having been obtained from another university of the learning programme over a study A certified copy of any other qualifications (e.g. Masters or Doctorate) in social work and/or any other field (if applicable). See Parts C-4 and

H-5 Proof of registration with SACSSP by final year students (see Section F)

A certified copy of your registration certificate as a student social worker with the South African Council for Social Service Professions.

Please keep a copy of this form and all the supporting documents for your own records.

SECTION I: Bank details

- See Section H-1 on fees payable
- ALWAYS use your registration number as DEPOSIT REFERENCE. If not available, in exceptionally cases, use ID number or passport number.
- The reference number is the only way in which your payment can be traced in Council bank account.
- Keep a copy of your proof of payment for

FEES PAYABLE & BANKING DETAILS I.

Please consult 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 made under the Social Service Professions Act 110 of 1978 to ascertain the applicable fee on the date of application for registration as a social worker. These Regulations are available on Councils website www.sacssp.co.za

Fees are to be paid into the bank account of the SACSSP

SACSSP Account name: NEDBANK Bank: Account number: 1190739410 Branch: MENI YN MAINE Branch Code: 198765

Reference: A reference number must be provided for every deposit.

IMPORTANT

Proof of payment must accompany this application

INSTRUCTIONS:

SECTION J: Declaration

- · Read all parts of the declaration in
- Section J carefully.

 Sign FORM R.1.SW.1 and append the
- date of completion in the provided spaces. Complete the check list below **before** you submit the application

FINAL CHECK LIST FOR APPLICANT:

Before submitting your application check the following:

FORM R.1.SW.1 is completed correctly

- $\hfill \square$ All applicable fields and pages are completed and I have double checked
- ☐ FORM R.1.SW.1 is signed on page 6 (Part J)

Attachments

- Proof of payments (see Section H-1)
- ☐ Certificated copy of ID (see Section H-2)
- Proof of marital status if applicable (see Section H-3) Certified copies of qualifications (see Sections H-4.1 & H-4.2)
- ☐ Proof of subjects original (see Section
- Proof of previous registration as student social worker with the SACSSP (see Section H-5)

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 registration as a social worker.

Furthermore, I, the undersigned, -

- (a) understand that I may only practise as a social worker and use the title social worker, subject to being registered as a social worker with the South African Council for Social Service Professions as contemplated in sections 15 and 17 of the Act and upon entry of my name into the Register for Social Workers as contemplated in section 19 of the Act;
- (b) understand, as contemplated in section 15(1) of the Act, that no person may practise as social worker or pretend to be a social worker if he or she is not registered as a social worker under this Act. Any person who contravenes any provision of section 15(1), shall be guilty of an offence and on conviction be liable to a fine, or to imprisonment for a period not exceeding six months as contemplated in section 16 of the Act;
- (c) may only, in terms of the Act, practise as a social worker subject to the payment of my annual fees as prescribed on or before 1 January of every year. Failure to pay such fee or any other fee within three months after the due date will result in my name being removed from the Register for Social Workers in accordance with section 20(1)(d) of the Act;
- (d) understand that it is my responsibility to keep my particulars in the Register for Social Workers up to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed in the Regulations regarding the registration of social workers (regulation 9) within three months of any name change with supporting evidence and within six weeks of any change in my residential or postal address or other contact details as indicated in this form as to enable the Registrar to update my details in the Register for Social Workers as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (This to be done through FORM-RR.1);
- (e) studied the provisions of the Social Service Professions Act 110 of 1978, the Regulations regarding the registration of social workers and other relevant Regulations (available from the Government Printers or can be downloaded at www.sacssp.co.za); and
- (f) agree that if the Registrar receives a request in terms of section 17(2)(b) for access to the Register for Social Workers kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information not already available to the public from the Register), i.e. postal address³ and email address, may be made available to accredited/approved researchers/students registered with a recognised higher education institution under such conditions as Council may impose to prevent the misuse of such information. I do understand that notwithstanding the afore-mentioned, that I may opt out by informing the Registrar in writing that the aforementioned additional personal details may not be made available to anyone for the purpose of research.

Signed at	place	on	day	of	month	20 [

IMPORTANT

Incomplete applications cannot be processed and will be referred back to the applicant. This will cause an unnecessary delay in the processing and finalisation of your registration.

An additional fee will apply for incomplete applications that were referred back upon the resubmission of such an application.

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

The Registrar SACSSP Private Bag X12 Gezina Pretoria 0031

by courier to:

The Registrar SACSSP 37 Annie Botha Avenue Riviera Pretoria 0084

Signature: Applicant

3 Only if postal address is not a residential/ street address

FOR OFFICE USE ONL	Y
Do not complete	INTERNAL REVIEW
INTERNAL CHECK LIST Applicant informed about outcome on (date)	COMMENTS:
Application and supporting documents filed on applicant's file	Name & Surname
Applicant's details updated on the Register for Social Workers against the	
name of the applicant	
Registration certificate issued, if approved	
Registration card issued, if approved	Signature Date
If applicant indicated an opt out in terms of Section J(f) record on the Register against applicant's name.	Aplication is (mark with X)
Registration number allocated, if approved	APPROVED INCOMPLETE and is referred back to the applicant to provide the missing information.
1 0 -	DECLINED and the reasons for the decision provided to the applicant.