# SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

## **APPLICATION FOR REGISTRATION**

## STUDENT SOCIAL WORKER

To be completed by persons registering registering for the *first time* as a *student social worker* as contemplated in section 17A of the Social Service Professions Act 110 of 1978 and the the *Regulations regarding the registration of student social workers and the holding of disciplinary inquiries* (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011).

SACSSP	A. PERSONAL PA	RT	CU	LAF	RS														
37 Annie Botha Avenue Riviera, Pretoria	Title* (mark ONE only with <b>X</b> )	Prof		Dr		Rev		Mr		Mrs		Ms		Miss					
0084	First names* (as on ID)																		
SACSSP Private Bag X12 Gezina Pretoria 0031																			
ENQUIRIES:	Maiden name* (if applicable)																		
Email: regtemp7@sacssp.co.za Telephone: (012) 356 8300	Surname* (as on ID)	L																	
www.sacssp.gov.za																			
	ID number*																		
GENERAL INSTRUCTIONS:  1. FORM R.1.SW.3 needs to be completed by a person who registers for the FIRST	Passport No <sup>1</sup> (if applicable)									Со	untr	y of	orig	in					
time as <u>student social worker</u> with the SACSSP in terms of section 17A of the Social Service Professions Act 110	Date of birth* (YYYY/MM/DD)			У	у у		- [	mm		1 - Cl		d	C						
of 1978.  2. FORM R.1.SW.3 must be completed personally by the applicant - in print	Gender <sup>2*</sup> <sub>R</sub> (mark with <b>x</b> )		ale		Fem	nale		Н	ome	lan	guag	ge							
or typed.  3. Study FORM R.1.SW.3 carefully <i>before</i>	Marital status <sup>2*</sup> (mark with <b>x</b> )	Never married			Married		Divo		vorced		Widow		Widower						
completing it.  4. Read the instructions with each section and answer all questions fully, clearly and	Population group <sup>2</sup> (mark with <b>x</b>	) Afr	ican		Colo	ured		Ind	ian		Wh	ite		Oth	ner				
correctly.  5. Fields that do not apply to you must	Disability <sup>2</sup> (mark with <b>x</b> ) Yes No If <b>YES</b> , specify																		
be clearly deleted. Draw a line through such field.	B. CONTACT DET	'AIL	.S																
If you have to make any corrections to your answers - initial next to the correction made in the right margin.	Postal address*																	$\dashv$	
7. Incomplete and/or non-compliant applications will not be processed and																		-	
will be referred back to the applicant. Therefore, make sure that the application is completed correctly and submitted with all the required supporting documents.											Po	osta	l cod	de					
See <b>Section H</b> for the documents that must accompany FORM R.1.SW.3.	Residential address*																	$\equiv$	
<ol><li>Complete the checklist at the end of FORM R.1.SW.3 before you submit it.</li></ol>																			
10.Print and return this original FORM R.1.SW.3 to the SACSSP by registered mail or courier mail services for ease of																			
tracking. <i>Address is on page 6.</i> 11. Council is required to keep a Register of	Town* <sub>R</sub>																		
persons registered in terms of section 19 of the Act and the fields mark with a <sub>R</sub> will be visible to the public.											Po	osta	l cod	de					
·	Province* (mark with <b>x</b> in block)	EC	` F8	3 0	BA	KZ	LF		ИР	NW	NC	:   v	vc						
INSTRUCTIONS SECTION A: Personal Particulars	Email* (write clearly)																		
<ul> <li>ALL fields in Section A marked with an * must be completed.</li> </ul>	Mobile / Cel number*																		
SECTION B: Contact details ALL fields in Section B marked with an * must be completed.	Telephone (work)*					• [													
	Telephone (home)					-													
	Fax number					-													

<sup>2</sup> Information for equity and statistical purposes

<sup>1</sup> Only complete if you do not have an ID number

Proceed to SECTION C on the next page

INSTRUCTIONS: SECTION C-1: First qualification • Must be completed by all applicants.

C. ACADEMIC PARTICULARS				
C-1. Qualification in <u>social work</u> enrolled for				
Particulars of training institution (University, college, accredited training provider, etc)				
Name of Institution <sub>R</sub>				
Contact person				
Telephone (work)				
Country (If not in South Africa)				
Academic information of applicant (mark with x)				
Highest scholastic qualification e.g. Grade 12/matric Year obtained	У	7		/ Y
Qualification you are enrolled for Degree Diploma Other	ecify			
Duration of course 2 years 3 years 4 years	ars			
Name of qualification <sub>R</sub>				
Date on which you registered as a student for this qualification				
y y y - m m - d d				
Current academic year (mark with <b>x</b> in block)	1	2	3	4
C-2. Subjects related to qualification you are enrolled for* (COMPULSARY to	comple	ete by a	ll applic	ants)
Name of subject	Yea	ar co	ours	es
Social work modules / subjects				
1.	1	2	3	4
2.	1	2	3	4
3.	1	2	3	4
4.	1	2	3	4
5.	1	2	3	4
Other subjects:				
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
C-3. Academic particulars of other qualification(s) in other fields of st	tudy	whi	ch y	ou

SECTION C-2: Subjects

Must be completed by all applicants.

Mark in the box for each year you have taken and passed a subject e.g. if you took a subject for 2 years then mark the first 2 boxes or if you have taken a subject only for one year then only mark box 1.

Indicate the subjects/modules in the appropriate spaces.

 IMPORTANT: Original (not copy) of documentary proof issued by the training institution in which an indication is given of ALL the subjects you have passed and the duration of the course in each subjet, must be attached in order to be entered into the Register if you have completed your first

appropriate spaces.

year of study.

- SECTION C-3: Other qualifications
  Only complete if applicable.
  Date conferred refers to date when qualification was conferred upon you by the treating institutions. the training institution.

  • NB: Certified copies of documentary proof
- of the qualifications in Section C-3 must be attached to this application (FORM R.1.SW.3).

	Qualification	Training institution	Date conferred
1			
2			
3			

- INSTRUSECTION Institution
  This sec by a per accredit that the
  This par stamp of The app

INSTRUCTIONS:	D.	TO BE CO	MPLETED B	Y THE TRAI	NING INSTI	TUTIO	N				
SECTION D: Higher Education Institutions  This section to be completed and signed		This part	should only be o	completed where	e the applicant i	is a stude	nt social wor	ker			
by a person acting on the authority of the accredited training institution, certifying that the student social worker is enrolled.	Name of Institution										
This part must contain the <u>official date</u> <u>stamp</u> of the institution to be valid.	It is	hereby certifie	d that	and surname of student							
The applicant <u>may not complete</u> this part.	is e	nrolled for the f	ollowing gualif	ication related	to social work	(					
			onoming quant		To occidi Work	•	at this	institution			
	at this institution										
	sinc	е	of			20					
	WO	ave read the relevant pro	disciplinary inquiries (Go	vernment Notice No. 10	02 of 2011 published in	ons regarding Government C	the registration of Sazette No. 34020	student social of 18 February 2011)			
	b. I ur	d understand the require nderstand that no studen gistered as a student soci	t may undergo field instr	•		urse in the sub	oject Social Work v	vithout being			
	_	ecommend him/her for re		social worker with the	SACSSP						
							RIGINAL OF STAMP OF IN	FICIAL DATE			
		Signature	: Head of Departm	nent	Date						
SECTION E: General	E.	GENERA	L								
<ul> <li>Must be completed by all applicants.</li> <li>Answer all questions honestly.</li> <li>If you need additional space, please add</li> </ul>	All	of the followi	ng questions	must be ansv	wered (mark with x	<b>(</b> )					
a page to FORM R.1.SW.3 and mark it clearly (on top of the page) "SECTION E"	1.		en found guilty of u			by the	YES	NO			
with the number of the question.		SACSSP? If YES,	complete the rest (n	nark with <b>X</b> in applicable	e block)						
	1.1	- were you reprimande	ed or cautioned?	YN	1.2 - was your reg	istration suspe	ended?	YN			
	1.3	- was your registration	cancelled?	YN	1.4 - was the impo	osition of a per	nalty postponed?	YN			
	1.5	- was the execution of	your penalty suspended	d? Y N							
	2.		en found guilty of ar f which you were convict				YES	NO			
		Nature of offence		Year	Sentence						
	3.	Are any legal step	s pending against y	ou at present? If Y	ES, specify what steps	below.	YES	NO			
		Any person who on			RIMINAL OFFE		minal offense mus	at disalose to			
	Any person who apply to be registered as a student 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 student social workers and the holding of disciplinary inquiries (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011). Training										
		institutions must infor	m the SACSSP of the ou		offence that led to a dis ed (see regulation 11(2		ing during which t	he person was			
SECTION F-1: Registration History • Must be completed by all applicants.	F.	REGIST	RATION HIS	TORY							
wust be completed by all applicants.	F-1.	. Have you pr	eviously appli	ied for registr	ation with the	e SACS	SP? (mark with	<b>X</b> )			
	YES	NO If	<b>YES</b> , what was the r	result? (mark with <b>X</b> )	Approved	Declined	I Inco	mplete			
	If AF	PPROVED, we	re you register	ed as: (mark with)	<b>(</b> )	J					
		Soc	cial worker		Child	d & youth ca	re worker				
		Social a	uxiliary worker				h care worker				
			t social worker			•	h care worker				
			ial auxiliary worker				youth care worl	ker			
	المطا			mbor			, Jan Gale Wolf				
	mal	cate SACSSP	registration nui	ITIDEI (see Registrat	tion Certificate)						

INSTRUCTIONS:	G. EMPLO	YMENT	PARTIC	CUL	ARS											
SECTION G-1: Employment status	G-1. Mark ON	IE most ap	propria	te op	tion (	mark <b>ON</b>	<b>E</b> only w	vith <b>X</b> )								
Must be completed by all applicants.	Full time employed	Pa	rt-time employed			Self-employed Unemploy						ployed				
	Retired <sub>R</sub>	Fu		Other' (specify)												
SECTION G-2: Current employment Must be completed by all applicants,	G-2. Current employment (if full time or part time employed as a student social worker)															
EXCEPT persons who are full time students, unemployed or retired	Name of emplo	oyer* <sub>R</sub>														
	Street address	*														
	T*															
	Town* <sub>R</sub>								D	osta	I cod	Δ				
	Postal address	* (if different)								Josia						
	r ootar address	(ii dillerent)														
									P	osta	I cod	е				
	Telephone				-											
	Email (write clearly)															
	Fax number				-											
	Date started w	ith present					У	У	У	-	m	m	-	d	d	
	Post/designation e.g. student social worker															
	Nature of employer (mark ONE only with <b>x</b> ):															
	National Government															
	Industry	Academi	ia		NPO or	СВО		Tr	aining o	rganisa	ation					
	Other	If Other,	specify													
SECTION G-3: Previous employment  Must be completed by all applicants who had	G-3. Previous employment (only complete if applicable)															
a previous employer.	Name of emplo	oyer														
	Address															
									Po	eta	I co	40				
										sia	1 000	ue _				
	Post/designation															
	Period of empl	oyment wit	in PREVI		d	Г	=R*:	у	У	У	m	m		d	d	
			- [			TO				_ 			-			
	Telephone				-											
	Email (write clearly)															

#### **INSTRUCTIONS**

#### **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.3).
- · Please number each Annexure.

#### H. **DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION**

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

### Proof of payment (see Section I)

Proof of payment to the value of the following prescribed fees in South African Rand: Registration fee as student social worker.

- H-1.2 Prescribed annual fee as student social worker.

#### H-2 Proof of identity (see Section A)

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).

#### H-4

- **Proof of qualifications (RSA)** (see Section C)
  A certified copy of documentary proof of the the highest school grade (e.g. grade 12) you have passed.
- H-4.2 A certified copy of documentary proof that you are registered with an accredited training institution for education and training in social work.
- H-4.3 Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council.
- Original of documentary proof of your academic record on the date of this application (not a copy) issued by the training institution in which an indication is given of -H-4 4

  - a. ALL the subjects or modules and the year course/level in each subject or module you have already passed; and
     b. the subjects or modules and year course in each subject or modules for which you are enrolled in the year of application from the university of origin

#### Additional information and documentary proof (as applicable)

- Any student who has abandoned his/her studies for longer than THREE years, will have to apply a new for registration and again pay the prescribed registration fee as prescribed in regulation 3 (3)(a) of the Regulations relating to the registration of student workers and the holding of disciplinary inquiries (Government Notice 102 published in Government Gazette No 34020 of 18 February 2011). H-5 1
- H-5.2 A person who cannot register as a social worker in terms of the Social Service Professions Act 110 of 1978 and who wishes to enrol for a post basic qualification in social work must register as a student social worker in the first year of his or her study and pay the prescribed fees.
- H-5.3 A student in social work that studies outside South Africa who wishes to do his or her field instruction or experimental learning in the Republic of South Africa to be registered with the SACSSP as a student social worker subject to the submission of the following documentary proof as prescribed in regulation 2(2) of the Regulations relating to the registration of student workers and the holding of disciplinary inquiries (Government Notice 102 published in Government Gazette No 34020 of 18 February 2011):
  - a. A letter from the training institution confirming that the field instruction/experiential learning is to be undertaken in the Republic of South Africa, the duration thereof and the placement agreement with an organisation in South Africa.
  - b. The original academic record/transcript issued by the training institution concerned, in which an indication is given of all the subjects or modules and the year course/level in each subject or module the student has already passed and the subjects or modules and year course in each subject or modules for which student are enrolled in the year of application from the university of origin Placement letter from organisation in the Republic of South Africa where the field instruction/experiential learning will be undertaken and the duration thereof. This shall include an indication who will be responsible for the supervision of such field instruction/experiential learning.
  - c. Any document accompanying this application that is not drawn up in English must be accompanied by a *translation* in English prepared by a certified translator as well as a certified copy of the original document. It is the responsibility of the applicant to have such document(s) translated.
  - d. Proof of payment to the value of the prescribed registration fee in the South African Rand ONLY. (i.e. the Rand value).

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
  USE your ID number or passport
- number as DEPOSIT REFERENCE.
  After registration, ALWAYS use your SACSSP registration number as deposit reference
- 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

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 student 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: 1190739410 Account number: MENLYN MAINE Branch:

**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.3 and append the date of completion in the provided spaces
- Complete the check list below <u>before</u> you submit the application.

FINAL CHECK LIST FOR APPLICANT:

following:

(Section J)

Section H-3)

section H-5)

H-4.4)

**Attachments** 

Before submitting your application check the

FORM R.1.SW.3 is completed correctly

All applicable fields and pages are completed and I have double checked

☐ Section D is completed and signed ☐ FORM R.1.SW.3 is signed on page 6

☐ Proof of payments (see Section H-1)

☐ Certified copy of highest school qualification (see Section H-4.1) Certified copy of documetary proof of registration for education and training in social work with a training institution or provider(see Sections H-4.2 & H-4.3). ☐ Additional information required (see

☐ Certified copies of qualifications (see Sections H-4.2 & H-4.3) Proof of subjects - original (see Section

☐ Proof of previous registration with the SACSSP (if applicable)

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.

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

Proof of marital status - if applicable (see

#### 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 student social worker in terms of section 17A of the Social Service Professions Act 110 of 1978 and the Regulations regarding the registration of student social workers and the holding of disciplinary inquiries (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) made under the Social Service Professions Act 110 of 1978

Furthermore, I. the undersigned, -

- (a) understand that I may only practise as a student social worker and use the title student social worker while undergoing any field instruction or experiential learning as part of the course in the subject Social Work under the direct supervision and guidance of a registered social worker, subject to being registered as a student social worker with the South African Council for Social Service Professions as contemplated in section 17A of the Social Service Professions Act 110 of 1978 and the Regulations regarding the registration of student social workers and the holding of disciplinary inquiries (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) made under the Social Service Professions Act 110 of 1978 and upon entry of my name into the Register for Student Social Workers as contemplated in section 19 of the Act:
- (b) understand as contemplated in section 15(1) of the Act, subject to paragraph (a) above, that no person may practise as a student social worker or pretend to be a student social worker without being registered as a student 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 any act, subject to the provisions of paragraphs (a) and (b) above, related to social work while I am a student social worker subject to the payment of my required 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 Student 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 Student 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 student social workers and the holding of disciplinary inquiries (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) (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 Student 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 student social workers and the holding of disciplinary inquiries (Government Notice No. 102 of 2011 published in Government Gazette No. 34020 of 18 February 2011) 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 Student 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 aforementioned, 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		on	of	month 20	year
Send this ORIGIN	AL application form w	rith all sur		nature: Applicant	
	by <b>registered mail</b> to: The Registrar SACSSP	OR	by <b>courier</b> to: The Registrar SACSSP		
	Private Bag X12		37 Annie Botha Avenu	e	

Pretoria 0031

Pretoria 0084

#### 3 Only if postal address is not a residential/ street address FOR OFFICE USE ONLY INTERNAL REVIEW Do not complete COMMENTS: INTERNAL CHECK LIST Name & Surname Applicant informed about outcome on Application and supporting documents filed on applicant's file Applicant's details updated on the Register for Student Social Workers against his or her name Signature Date Registration certificate issued, if approved Registration card issued, if approved ☐ If applicant indicated an opt out in terms Aplication is (mark with x) of Section J(f) it is recorded on the Register against applicant's name APPROVED INCOMPLETE and is referred back to the applicant to **DECLINED** and the reasons for the decision provided Registration number allocated, if approved 4 0 -