SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS

GENERAL NOTICE 4 of 2024

REF: 3/7/6/1/4 14 February 2024

NOTICE TO:

1. All registered social workers, social auxiliary workers, child and youth care workers and auxiliary child and youth care workers,
2. Training institutions providing qualifications in social work, social auxiliary work, child and youth care work and auxiliary child. and youth care work
3. Employers of social service professionals.

DATABASE OF SOCIAL WORKERS AND CHILD AND YOUTH CARE WORKERS IN PRIVATE PRACTICE

1. The South African Council for Service Professions (SACSSP) guided by Council resolution on the development of Regulations regarding social service practitioners in private practice has started the process to update the Registers kept in terms of section 19 of the Social Service Professions Act 110 of 1978.

2. All registered social workers and child and youth care worker in private practice are requested to submit the particulars pertaining to their private practices as follows:

PROFESIONAL DETAILS

(a) SACSSP registration number
(b) First names (as on ID)
(c) Surname (as on ID)
(d) Title
(e) Mobile number
(f) Email address
(g) Are you registered for a speciality in social work with the SACSSP? Yes/No.
(h) If yes, indicate the speciality in social work that you are registered for
(i) Your qualifications: Indicate full title for qualifications, name of institution obtained, and year obtained

PRIVATE PRACTICE

(j) Private Practice name
(k) Date of commencement (date private practice was opened)
(l) Nature of private practice (sole provider; owner/co-owner of group practice; practitioner working from a group practice)
(m) Focus of private practice (field of interest /services rendered)
(n) Is your private practice full time or part time.
(o) Company registration number if registered with the Companies and Intellectual Property Commission
(p) Practice number (if registered with the Board of Health Funders or a professional association)
(q) Telephone number of private practice
(r) Email address of private practice
(s) Physical address of private practice (street number/ building/ street name, suburb, town/city, postal code)
(t) Hours of consultation
(u) Copy of tariff fees charged in respect of professional services rendered.
(v) Name of business partner (if applicable)
(w) Total number of employees working for the private practice (group practices).
(x) Names and registration numbers, if registered with the SACSSP or any statutory body.

(y) Name and address of employer if employed in private practice and nature of employment (full-time or part-time).

3. The purpose of this request is to *inter alia*:

(a) allocate SACSSP practice numbers against each private practice.

(b) update the Registers kept in terms of section 19 of the Act.

(c) keep a database of practitioners in private practice for communication and monitoring purposes.

4. The information should be submitted to the attention of the Acting Registrar on the letterhead of the private practice signed off by the practitioner by no later than **15 March 2024** on NomvuyoD@sacssp.co.za

5. Enquiries may be directed to the Office of the Registrar on NomvuyoD@sacssp.co.za

ISSUED BY: ACTING REGISTRAR, Mr Hitler Sekhitla