

APPLICATION

EXEMPTION FROM PAYMENT OF ANNUAL FEES

in terms of regulation 3(c)(i) by a social service professional for NOT PRACTISING

SACSSP, 37 Annie Botha Avenue Riviera, Pretoria, 0084 SACSSP, Private Bag X12, Gezina,	SACSSP Registration number:
Pretoria, 0031 ENQUIRIES: Email: JoyceC@sacssp.co.za Telephone: (012) 356 8300 www.sacssp.co.za	Title (mark ONE only with X) Prof Dr Rev Mr Mrs Ms Miss
	Full names
GENERAL INSTRUCTIONS: 1. Any social service professional registered with the SACSSP may apply in terms of regulation 3(c)(i) 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 and student child and youth care workers to be partially exempted from the payment of annual fees for the following financial year if he or she is not practising the profession he or she is registered for in	Postal address Postal address
	Telephone/ mobile number
any form, including in a managerial or advisory capacity. 2. Applications for partial exemption from the payment of annual fees must reach the	Email address (write clearly) B. REQUEST FOR PARTIAL EXEMPTION: PAYMENT OF ANNUAL FEES
SACSSP annually on or before 30 November in the form of FORM RR.5C 3. 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.	I, the undersigned, herewith request to be partially exempted from the payment of annual fees in terms of regulation 3(c)(i) 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:
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. Incomplete applications will not be	Written motivation by myself with reasons to support this application (attached as Annexure A) Note: No application will be considered without the above Annexure. C. DECLARATION
processed nor considered. Please check: Application complete and signed Annexure A attached	I, the undersigned, declare that - i. 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. ii. I understand, subject to regulation 3(c)(iii), 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. iii. I understand that notwithstanding being partially exempted from the payment of annual fees in accordance with regulation 3(c)(i), 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. iv. 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. v. 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 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. vi. 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 (practice) 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.
FOR OFFICE USE Received (date): / / 20	Signed at on of of worth 20 year
Receipt acknowledged:// 20 Application for partial exemption (mark applicable): Complete First time Re-application:	be
Partial exemption of payment of annual fees: Approved Not approved Entered in Register: Applicant informed on: // 20	FORM RR.5C must 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.