

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.4).

C. ACADEMIC PARTICULARS

C-1. Qualification in social auxiliary work enrolled for

Particulars of training institution (University, college, accredited training provider, etc)

Name of Institution_R

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

Qualification you are enrolled for Degree Diploma Certificate in Social Auxiliary Work Other

Duration of course 1 year 2 years 3 years

Name of qualification_R e.g. Certificate in Social Auxiliary Work

Date on which you registered as a student for this qualification

- -

Current academic year (mark with **X** in block)

1 2 3 4

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 subject, must be attached in order to be entered into the Register.

C-2. Subjects related to qualification you are enrolled for* (COMPULSARY to complete by all applicants)

Name of subject

Year courses

Social auxiliary work or social work modules / subjects

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other subjects:

Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C-3. Academic particulars of other qualification(s) in other fields of study which you possess

	Qualification	Training institution	Date conferred
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C-3: Other qualifications

- Only complete if applicable.
- Date conferred refers to date when qualification was conferred upon you by 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.4).

INSTRUCTIONS:

SECTION D: Higher Education Institutions/ Training Institutions

- This section to be completed and signed by a person acting on the authority of the accredited training institution or an accredited training provider, certifying that the student social auxiliary worker is enrolled.
- This part must contain the official date stamp of the institution to be valid.
- The applicant may not complete this part.

D. TO BE COMPLETED BY THE TRAINING INSTITUTION

This part should only be completed where the applicant is a student social auxiliary worker

Name of Institution

It is hereby certified that

is enrolled for the following qualification related to social auxiliary work

at this institution

since of 20

- a. I have read the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) and understand the requirements related to the education, training and registration of students in child and youth care work and that such education, training and guidance must be conducted by and under the supervision of a social worker with at least two years of social work experience.
- b. I recommend him/her for registration as a **student social auxiliary worker** with the SACSSP

Signature: Head of Training Institution

Date

ORIGINAL OFFICIAL DATE
STAMP OF INSTITUTION

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.4 and mark it clearly (on top of the page) "SECTION E" with the number of the question.

E. GENERAL

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

1. Have you ever been found guilty of unprofessional or improper conduct by the SACSSP? If **YES**, complete the rest (mark with **X** in applicable block) YES NO

1.1 - were you reprimanded or cautioned?

1.2 - was your registration suspended?

1.3 - was your registration cancelled?

1.4 - was the imposition of a penalty postponed?

1.5 - was the execution of your penalty suspended?

2. Have you ever been found guilty of an offence by a court of law? If **YES**, specify the nature of the offence of which you were convicted, the year in which it took place and the sentence passed: YES NO

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 student social auxiliary worker and who has been convicted of a criminal offence must disclose to Council such offence as stipulated in regulation 15 of the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011). Training institutions must inform the SACSSP of the outcome of any criminal offence that led to a disciplinary hearing during which the person was found guilty and convicted (see regulation 15(2))

F. REGISTRATION HISTORY

F-1. Have you previously applied for registration with the SACSSP? (mark with **X**)

YES NO If **YES**, what was the result? (mark with **X**) Approved Declined Incomplete

If APPROVED, were you registered as: (mark with **X**)

- Social worker
- Social auxiliary worker
- Student social worker
- Student social auxiliary worker
- Child & youth care worker
- Auxiliary child & youth care worker
- Student child & youth care worker
- Student auxiliary child & youth care worker

Indicate SACSSP registration number (see Registration Certificate) -

SECTION F-1: Registration History

- Must be completed by all applicants.

Proceed to SECTION G on the next page

INSTRUCTIONS:

SECTION G-1: Employment status
Must be completed by all applicants.

SECTION G-2: Current employment
Must be completed by all applicants, EXCEPT persons who are full time students, unemployed or retired

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

G. EMPLOYMENT PARTICULARS

G-1. Mark ONE most appropriate option (mark ONE only with X)

Full time employed Part-time employed Self-employed Unemployed
 Retired_R Full time student Other* (specify)

G-2. Current employment (if full time or part time employed as a student social auxiliary worker)

Name of employer*_R

Street address*

Town*_R Postal code

Postal address* (if different)

Postal code

Telephone -

Email (write clearly)

Fax number -

Date started with present employer* y y y y - m m - c d

Post/designation* e.g. student social auxiliary worker

Nature of employer (mark ONE only with X):

National Government Provincial Government Local Government Government entity
 Industry Academia NPO or CBO Training organisation
 Other If Other, specify

G-3. Previous employment (only complete if applicable)

Name of employer

Address

Postal code

Post/designation*

Period of employment with PREVIOUS EMPLOYER*:
 y y y y - m m - d d TO y y y y - m m - d d

Telephone -

Email (write clearly)

Proceed to SECTION H on the next page

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.4).
- 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:

- H-1 Proof of payment (see Section I)**
Proof of payment to the value of the following prescribed fees in South African Rand:
H-1.1 Registration fee as student social auxiliary 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)**
H-4.1 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 or an accredited training provider for education and training in social auxiliary work.
H-4.3 Certified copies of another degree/diploma/certificate which you have obtained and which you wish to submit to the Council.
H-4.4 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 -
a. ALL the subjects you have passed since your enrolment and the duration of the course in each subject; and
b. The content of the learning programme of the qualification stipulated in H-4.2 and or H-4.3 above in which an indication is given of all the subjects/ modules you have passed and the duration of the course in each subject.
- H-5 A written undertaking from your employer (if full time or part time employed as a student social auxiliary worker) in Section J specifying the following:**
H-5.1 Confirming that you will be supervised by a *registered* social worker with at least two years experience in social work.
H-5.2 The nature, content and duration of the above supervision.
H-5.3 Confirming that the social worker supervising you is aware of the fact that he or she is legally co-responsible for your acts as a student social auxiliary worker.
H-5.4 The official title of the post you hold.

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 your own records.

I. 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 auxiliary worker. These Regulations are available on Councils website www.sacssp.co.za

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

Account name:	SACSSP
Bank:	NEDBANK
Account number:	1190739410
Branch:	MENLYN MAINE
Branch Code:	198765
Reference:	A reference number must be provided for every deposit.

If you are employed (fulltime or part-time) at the time of registration, **Section J** on the next page must be completed.

INSTRUCTIONS:

SECTION K: Declaration

- Read **all parts** of the declaration in *Section K* carefully.
- Sign FORM R.1.SW.4 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.4 is completed correctly
- All applicable fields and pages are completed and I have double checked
- Section J* is completed and signed
- FORM R.1.SW.4 is signed on page 7 (*Section K*)

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 copy of highest school qualification (see *Section H-4.1*)
- Certified copy of documentary proof of registration for education and training in social auxiliary work with a training institution or provider(see *Sections H-4.2 & H-4.3*).
- Certified copies of qualifications (see *Sections H-4.2 & H-4.3*)
- Proof of subjects - original (see *Section H-4.4*)
- Proof of previous registration with the SACSSP (if applicable)

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.

K. 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 auxiliary worker in terms of regulation 3 of the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 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 auxiliary worker and use the title *student social auxiliary worker*, while undergoing my education, training, field instruction and/or experiential learning in social auxiliary work under the direct supervision and guidance of a registered social worker, subject to being registered as a student social auxiliary worker with the South African Council for Social Service Professions as contemplated in *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 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 Auxiliary 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 a student social auxiliary worker or pretend to be a student social auxiliary worker if he or she is not registered as a student social auxiliary 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) *understand* that my education, training and guidance while I am a student social auxiliary worker must be conducted by and under the supervision of a social worker with at least two years of social work experience as contemplated in the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011);

(d) *may only*, in terms of the Act, practise any act, subject to the provisions of paragraph (c) above, related to social auxiliary work while I am a student social auxiliary 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 Student Social Auxiliary Workers* in accordance with section 20(1)(d) of the Act;

(e) *understand* that it is my responsibility to keep my particulars in the *Register for Student Social Auxiliary 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 relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 published in Government Gazette No 34020 of 18 February 2011) (regulation 13) 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 Auxiliary Workers* as contemplated in section 19 of the Social Service Professions Act 110 of 1978. (This to be done through FORM-RR.1);

(f) *studied* the provisions of the Social Service Professions Act 110 of 1978, the *Regulations relating to the registration of social auxiliary workers and the holding of disciplinary inquiries* (Government Notice 103 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

(g) *agree* that if the Registrar receives a request in terms of section 17(2)(b) for access to the *Register for Student Social Auxiliary 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 _____^{place} on _____^{day} of _____^{month} 20____^{year}

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

by registered mail to:

OR

by courier to:

The Registrar
SACSSP
Private Bag X12
Gezina
Pretoria
0031

The Registrar
SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

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

FOR OFFICE USE ONLY

Do not complete

INTERNAL CHECK LIST

- Applicant informed about outcome on _____ (date)
- Application and supporting documents filed on applicant's file
- Applicant's details updated on the *Register for Student Social Auxiliary Workers* against his or her name
- Registration certificate issued, if approved
- Registration card issued, if approved
- If applicant indicated an *opt out* in terms of *Section K(g)* it is recorded on the Register against applicant's name.

Registration number allocated, if approved

3 0 - _____

INTERNAL REVIEW

Name & Surname

Signature

Date

Application is (mark with X)

APPROVED

INCOMPLETE and is referred back to the applicant to provide the missing information.

DECLINED and the reasons for the decision provided to the applicant.

COMMENTS:

