

S A Council for Social Service Professions SACSSP

Private Bag X12, Gezina, 0031 Tel: (012) 356 8300 37 Annie Botha Ave, Riviera, Pretoria, 0084 Fax: (012) 356 8400

e-mail: mail@sacssp.co.za

APPLICATION FOR REGISTRATION AS A NEW SOCIAL WORKER

THIS APPLICATION FORM MUST BE COMPLETED IN PRINT OR TYPING BY QUALIFIED SOCIAL WORKERS ONLY

Study the application form carefully before completing it. Answer all questions fully, clearly and correctly. Questions which do not apply to you must be clearly deleted. Should you have to make any corrections to your answers, initial them in the margin.

PLEASE NOTE: To avoid delay of your registration, your **proof of payment** and **documents as prescribed on page two MUST** accompany this application form.

1. **PERSONAL PARTICULARS**

1.1	Title	Prof		Dr		Rev		I.	1r		Mr	's	N	/liss		Ms	8			
1.2	Surname	:																		
1.3	Maiden Name																			
1.4	Full first Names																			
	(Additional initials)																			
1.5 Registration number as student social Worker (see Registration Certificate) 40 -																				

2. CHECKLIST FOR DOCUMENTS TO BE ATTACHED TO THIS APPLICATION FORM:

- 2.1 A **Certified copy** of documentary proof of your names, identity or residence permit number and date of birth or age, acceptable to the Council.
- 2.2 A **certified copy** of the marriage certificate of a woman who is or was married.
- 2.3 A **certified copy** of documentary proof of the qualification(s) on the basis of which you apply for registration/restoration.

- 2.4 **Original (NOT copy)** of documentary proof issued by the training institution in which an indication is given of –
- 2.4.1 **ALL** the subjects you have passed during all four years of study and the duration of the course in each subject..
- 2.4.2 **ALL** the subjects/modules credited or exempted having been obtained from another university of the learning programme over a study period of four years.
- 2.5 If your qualification(s) was/were obtained outside the R S A, also an **original copy** of -
- 2.5.1 documentary proof from the training institution where you received tuition and training in Social Work of the content of theoretical tuition and both the nature and duration of field instruction you received in each subject;
- 2.5.2 documentary proof that the training institution where you received tuition and training in Social Work is accredited, specifying the body with which the training institution is accredited or, if the training institution is not accredited, proof of any other form of recognition that the training institution has; and
- 2.5.3 in the case of a training institution that is accredited, documentary proof from the accrediting body that the qualification(s) is/are or was/were the accepted tuition and training for social work in the country concerned.
- 2.6 The Council may order that a portfolio be submitted and an assessment interview be conducted with applicants who obtained their qualification(s) in a country outside the R S A.
- 2.7 Any document accompanying this application that is not drawn up in English or Afrikaans, must be accompanied by a translation prepared by a sworn translator in English or Afrikaans, as well as a **certified** copy of the original document, and the onus shall be on you to have such document so translated.
- 2.8 A copy of the **bank deposit slip** or proof of an **electronic/internet transfer** as proof of payment to the value of the prescribed registration fee.
- 3. **POST** your application to the Registrar, S A Council for Social Service Professions, Private Bag X12, Gezina, 0031.

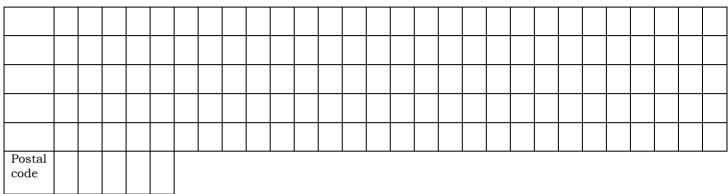
4. REGISTRATION PARTICULARS

4.1	Have you previously applied for registration as a social worker/student social worker in the R S A?
	Yes No
4.2	If yes, what was the result? Approved Rejected Incomplete
4.3	Registration number as a social worker 1 0 - (see Registration Certificate)
4.4	Registration date (see Registration Certificate) Y M D
4.5	If you apply for restoration, state the date on which your name was removed from the Register: Y M D O O O O O O O O O O O O
4.6	Language preference Afrikaans English
4.7	Identity or residence permit number

	4.8	D	ate c	of bir	th:									Y] [] [_	N] -		D [
			Attaci nd d						cept	able	docı	ımen	ıtary	prod	of of	your	nam	ies, i	dent	ity o	r res	iden	ce p	ermi	t nun	ıber	
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	4.12	R	eside	entia	1 ado	dress	s:																				
Postal	code																										
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		4.	.13	Po	stal	addı	ress:																				
Postal	code											<u> </u>													<u> </u>		
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5. EMPLOYMENT PARTICULARS

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Tel No (code and number):	_Fax number:	-Email Address:
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5.2	Date of commencement
	of employment with PRESENT EMPLOYER :

Y	M	D
	-	- 🗌 🗀

Name and address of **PRESENT EMPLOYER**:

															<u> </u>
Pos	stal o	ode													

Tel No (code and number):	Fax number:	
Present post designation:		

(Eg. Social Worker, Senior or Chief Social Worker)

Nature of present Social Work employer:

1 State Dept	2 Local	3 NGO/NPO	5 Industry	13 Private-
	Government	/CBO		practice

Other

14 Does not	17	31 Living	34 Pensioner
practise	Unemployed	abroad	
S.W.			

6. TRAINING INSTITUTION WHERE YOU OBTAINED YOUR BASIC (PRE-REGISTRATION) QUALIFICATION(S) IN SOCIAL WORK

- 6.1 Training institution in the R.S.A.:
- 6.1.1 University

1 UDW	2 UCT	3 NATAL/ UKZN	4 LIMPOPO	5 UFS
6 UPE	7N-WEST (POTCH CAMPUS)	8 UP	9 UJ	10 RHODES
11 US	12 UNISA	13 UWC	14 WITS	15 Z-LAND
16 N-WEST (MAFIKENG CAMPUS)	17 FORT HARE	18 WALTER SISULU	19 VENDA	

6.1.2	College	21 HUGUENOT		
6.1.3	Other:	22.		

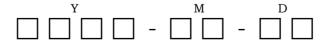
6.2 Training institution outside the R.S.A.:

6.2.1 Country	6.2.2	University/ College	

7. ACADEMIC PARTICULARS OF BASIC (PRE-REGISTRATION) QUALIFICATION(S) IN SOCIAL WORK

7.1 Qualification	1. Degree		2. Dipl	loma	3. S	W Certificate (NDP)
7.1.1 Duration of	course	2 yea	ırs	3 уеа	ars	4 years

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



7.1.3 Name of	
qualification	
_	(Eg BSW

7.1.4	Date on which this qua	alification was/w	vill be conferred u Y		D]	
7.2	Only applicable to pe	rsons with a 3 +	+ 1 year qualifica	ation:		
	7.2.1 Qualification	1. Degree	2. Diploma	3. SW Certificate	(NDP)	
	7.2.2 Duration of cour	rse 1 Year	2 Years			
7.2.3	Date on which you init	ially registered a	as a student for th	-	D] [
	7.2.4 Name of qualification	(Eg B Soc Sc H	ons (SW) or Advar	nced Dip in SW		
7.2.5	Date on which this qua	alification was co	onferred upon you	ı:		
			Y		D	
7.2.6	Subjects: *This section	n is compulsory	7			
	1 Social Work	SUBJ	JECT		1 2	OURSES 3 4
	2 Sociology				1 2	3 4

Psychology

Other (specify):

Other (specify):

^{*} PLEASE NOTE: Original (not copy) of documentary proof issued by the training institution in which an indication is given of ALL the subjects you have passed 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. If a qualification has not yet been conferred upon you, you must attach a certificate, acceptable to the Council, issued by a person acting on the authority of the training institution, certifying that the qualification will be conferred upon you and on what date.

7.3 SOCIAL WORK MODULES ONLY*

7.3.1 SOCIAL WORK MODULES - YEAR LEVEL-1

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

7.3.2 SOCIAL WORK MODULES YEAR LEVEL-2

NAME OF MODULE	CODE
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7.3.3 SOCIAL WORK MODULES YEAR LEVEL-3

NAME OF MODULE	CODE
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7.3.4 SOCIAL WORK MODULES YEAR LEVEL-4

NAME OF MODULE		CODE
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16.		
		•
7.4 ALL OTHER SUJECTS NOT e.g.: Psychology; Comm		LY :
NAME OF SUBJECT:	YEAR LEVEL:	_
NAME OF MODULE		CODE
NAME OF MODULE 1.		CODE
1. 2.		CODE
1.		CODE
1. 2. 3. 4.		CODE
1. 2. 3.		CODE
1. 2. 3. 4. 5.	YEAR LEVEL:	
1. 2. 3. 4. 5. NAME OF SUBJECT:	YEAR LEVEL:	
1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE 1.	YEAR LEVEL:	-
1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE 1. 2.	YEAR LEVEL:	-
1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE 1. 2. 3.	YEAR LEVEL:	-
1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE 1. 2. 3. 4.	YEAR LEVEL:	-
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1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE 1. 2. 3. 4. 5. NAME OF SUBJECT: NAME OF MODULE. 1. 2. 3. 4. 5.		CODE

NAME OF SUBJECT:	YEAR LEVEL:
NAME OF MODULE	CODE
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NAME OF SUBJECT:	YEAR LEVEL:
NAME OF MODULE	CODE
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NAME OF SUBJECT:	YEAR LEVEL:
	CODE
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<u>2.</u> 3.	
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NAME OF SUBJECT:	YEAR LEVEL:
NAME OF MODULE	CODE
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5.	
NAME OF SUBJECT:	YEAR LEVEL:
NAME OF MODULE	CODE
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TOTAL OF OTHER SUBJECTS EXCLUDING SOCIAL WORK AND AS LISTED IN 7.4 ONLY:

8. ACADEMIC PARTICULARS OF ADVANCED (POST-REGISTRATION) QUALIFICATION(S) IN SOCIAL WORK **

	Qualification	Training institution	Date conferred upon
			you
8.1			
8.2			
8.3			

9. ACADEMIC PARTICULARS OF ADVANCED (POST-REGISTRATION) QUALIFICATION(S) IN OTHER FIELDS OF STUDY WHICH YOU POSSESS**

	Qualification	Training institution	Date conferred upon
			you
9.1			
9.2			
9.3			

^{**} **PLEASE NOTE: Certified copies** of documentary proof of the qualifications in sections 8 and 9 must be attached in order to be entered into the Register.

10. GENERAL QUESTIONS

023,123,		Yes	No
10.1	Have you ever been found guilty of unprofessional or improper conduct by the Council?		
10.2	If yes -		<u>.I</u>
10.2.1	were you reprimanded or cautioned?		
10.2.2	was your registration suspended?		
10.2.3	was your registration cancelled?		
10.2.4	was the imposition of a penalty postponed?		
10.2.5	was the execution of your penalty suspended?		
10.3	Have you ever been found guilty of an offence by a court of law?		
10.4	If yes, specify the nature of the offence of which you were convicted, the year in which it took place and the sentence passed	-	1
10.5	Are any legal steps pending against you at present?	Yes	No
10.6	If yes, specify what steps:		<u> </u>

DISCLOSURE OF CRIMINAL OFFENCES

11. Training institutions to inform the Council of the outcomes of any criminal offence that led to a disciplinary hearing which the person was found guilty and convicted

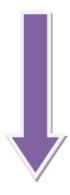
I, the undersigned, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to my registration as a social worker/the restoration of my name to the *Register for Social* Workers.

Signed	at	on this	 day
of	20		

SIGNATURE OF APPLICANT

NB: ALL DOCUMENTS MENTIONED ON PAGE 2 OF THIS APPLICATION FORM MUST BE ATTACHED AT THE BACK OF THE FORM AND NOT AT THE FRONT NOR IN BETWEEN PAGES OF THE FORM.

"FEES PAYABLE"



FEES TO BE PAID BY APPLICANT:

Outstanding Student Registration fee:

Social Worker Registration fee: R210.00 Annual Fee 2014/2015 R400.00

TOTAL TO BE PAID: <u>**R610.00**</u>

NB: "ALL COSTS ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE"

N.B.: 1. SEE PAGE 1 & 2 OF THE APPLICATION FORM FOR DOCUMENTS TO BE SUBMITTED TOGETHER WITH THE APPLICATION.

2. USE YOUR <u>COUNCIL</u> REGISTRATION NUMBER (40- ...), FULL NAMES AND SURNAME AS DEPOSIT REFERENCE ON THE BANK DEPOSIT SLIP.

3. BANK DETAILS:

BANK: ABSA (ONLY)

ACCOUNT NO. 405 070 8444

BRANCH: HATFIELD BRANCH CODE: 632 005

4. SEND A CLEAR COPY OF THE DEPOSIT SLIP TOGETHER WITH THE APPLICATION FORM AND PRESCRIBE DOCUMENTS.

**DO NOT FAX THIS APPLICATION FORM!!