



SACSSP

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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	<i>Title</i>	<i>Prof</i>		<i>Dr</i>		<i>Rev</i>		<i>Mr</i>		Mrs		Miss		Ms	
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[illegible][illegible]

1.5	Registration number as student social Worker (see Registration Certificate)	40	-						
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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.

4.8 Date of birth:

$$\begin{array}{ccccccc} & & \text{Y} & & & \text{M} & & & \text{D} \\ \square & \square & \square & \square & - & \square & \square & - & \square & \square \end{array}$$

(Attach a certified copy of acceptable documentary proof of your names, identity or residence permit number and date of birth or age)

4.9

Gender	1. Male	2. Female
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4.10

Population Group	1. White	2. Coloured	3. Black	4. Indian	5. Other
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4.11

Marital status	1. Never married	2. Married	3. Divorced	4. Widow/Widower
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(Women who are or were married, must attach a certified copy of their marriage certificate)

4.12 Residential address:

[illegible]

Tel no where you can be reached during the day (code and number):

Email address if any:

4.13 Postal address:

[illegible]

14 Does not practise S.W.	17 Unemployed	31 Living abroad	34 Pensioner
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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	
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7. ACADEMIC PARTICULARS OF BASIC (PRE-REGISTRATION) QUALIFICATION(S) IN SOCIAL WORK
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7.1 Qualification	1. Degree	2. Diploma	3. SW Certificate (NDP)
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7.1.1 Duration of course	2 years	3 years	4 years
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7.1.2 Date on which you initially registered as a student for this qualification:

Y M D
 - -

7.1.3 Name of qualification	(Eg BSW)
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7.1.4 Date on which this qualification was/will be conferred upon you:

Y
M
D

- -

7.2 **Only applicable to persons with a 3 + 1 year qualification:**

7.2.1 Qualification	1. Degree	2. Diploma	3. SW Certificate (NDP)
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7.2.2 Duration of course	1 Year	2 Years
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7.2.3 Date on which you initially registered as a student for this qualification:

Y
M
D

- -

7.2.4 Name of qualification	(Eg B Soc Sc Hons (SW) or Advanced Dip in SW)
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7.2.5 Date on which this qualification was conferred upon you:

Y
M
D

- -

7.2.6 Subjects: ***This section is compulsory**

SUBJECT		YEAR COURSES			
1	Social Work	1	2	3	4
2	Sociology	1	2	3	4
3	Psychology	1	2	3	4
4	Other (specify):	1	2	3	4
5	Other (specify):	1	2	3	4

*** 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
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

7.3.3 SOCIAL WORK MODULES YEAR LEVEL-3

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

7.3.4 SOCIAL WORK MODULES YEAR LEVEL-4

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

TOTAL SOCIAL WORK MODULES AS LISTED IN 7.3 ONLY :.....

7.4 ALL OTHER SUBJECTS NOT MENTIONED IN 7.3:-

e.g.: Psychology; Communication; etc.

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE.	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
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2.	
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4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
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2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
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3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: _____

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	

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

		Yes	No
10.1	Have you ever been found guilty of unprofessional or improper conduct by the Council?		
10.2	If yes -		
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		
10.5	Are any legal steps pending against you at present?	Yes	No
10.6	If yes, specify what steps:		

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 thisday
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 COUNCIL 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!!**