

FORM 13
REFUSAL TO GRANT AN APPLICATION FOR THE REGISTRATION OF A PARTIAL CARE FACILITY
(Regulation 15)
[SECTION 82 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

MUNICIPAL MANAGER

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 14

**AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION
86 OF THE ACT IN RESPECT OF A PARTIAL CARE FACILITY
(Regulation 16)
[SECTION 86 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

This is appeal against a decision of the provincial head of social development of _____

(Insert name of province) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (Indicate yes or no)	Grounds on which appeal is lodged
	Section 82: Consideration of application for registration
	Section 82: Consideration of application for conditional registration
	Section 82: Consideration of application for renewal of registration
	Section 83: Conditions on which registration was granted
	Section 84: Cancellation of registration
	Section 84: Consideration of application for re-instatement
	Other grounds of appeal

The reasons provided by the provincial head of social development for his or her decision are attached.

My reasons for appealing against the decision are attached.

APPLICANT/REGISTRATION HOLDER_____
DATE

NOTE: The appeal must be lodged with the MEC for social development in the province where the decision was taken by the provincial head of social development.

FORM 15

AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 88(6) OF THE ACT IN
RESPECT OF A PARTIAL CARE FACILITY

(Regulation 16)

[SECTION 88 OF THE CHILDREN'S ACT 38 OF 2005]

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

This is appeal against a decision of municipal official of _____ (Insert name of municipality) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (Indicate yes or no)	Grounds on which appeal is lodged The sections stated below refers to the sections in respect of which functions have been assigned to a municipality in terms of section 102 of the Act
	Section 82: Consideration of application for registration
	Section 82: Consideration of application for conditional registration
	Section 82: Consideration of application for renewal of registration
	Section 83: Conditions on which registration was granted
	Section 84: Cancellation of registration
	Section 84: Consideration of application for re-instatement
	Other grounds of appeal

The reasons provided by the municipal official for his or her decision are attached.

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER

DATE

NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was take

FORM 16
APPLICATION FOR THE REGISTRATION/ CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION OF AN
EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 24)
[SECTION 96 OF THE CHILDREN'S ACT 38 OF 2005]

(A) PARTICULARS OF APPLICANT

Name of applicant: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Telephone: _____ Cell phone: _____

Fax number: _____ E-mail: _____

(B) CHILDREN

Number of children to whom the programme will be presented-----

Age Groups	Number of Children	Gender	Number of children with special needs	Number of staff per child age group
1 month – 18 months				
18 months – 3 years				
3 – 4 years				
5 – 6 years				
Total				

Days of operation: From.....To.....

Hours Operation: From.....To.....

(C) SUPPORTING DOCUMENTS

The following supporting documents must be attached for the registration purposes:

- the overview of the early childhood development programme in respect of which application is made for registration;
- an implementation plan for the early childhood development programme in respect of which application is made;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualifications and Identity documents in respect of staff that will be responsible to provide the early childhood development programme;

Name of the Practitioner	Position	ID Number	Gender	Qualifications/Other Certificates	Date of appointment/ Experience

- In the case of a partial care or child youth care centre, the relevant registration as a partial care or child and youth care centre;
- a clearance certificate that the name of the applicant does not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 Of 2007 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(D) **GENERAL REMARKS**

Any additional remarks by the applicant in support of the application: _____

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 17
CERTIFICATE OF REGISTRATION
OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 25)
[SECTION 97 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that an early childhood development programme :

- has been registered in terms of section 97 of the Act;
- has been conditionally registered in terms of section 97 of the Act; or
- has been renewed in terms of section 97 of the Act.

on _____ (insert date) in favour of _____

The total Number of children to whom the programme will be presented-----

Number of children with special needs-----

Age Groups	Number of Children
1 month – 18 months	
18 months – 3 years	
3 – 4 years	
5 – 6 years	
Total	

Days of operation: From..... To.....

Hours Operation: From.....To.....

Physical address of partial care facility/ child and youth care centre or an organization that implement the early childhood development programme:

The validity of this registration expires on: _____ (insert date)

The registration or renewal of registration is subject to the following additional conditions:

Provincial Head: Social Development/

Municipal Manager

Province/Municipality: _____

Date of issue: _____

FORM 18
REJECTION OF AN APPLICATION FOR THE REGISTRATION OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 25)
[SECTION 97 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

Name of partial care facility or child and youth care centre:

Physical address: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL MANAGER
PROVINCE/ MUNICIPALITY: _____
DATE: _____

FORM 19
AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 101 OF THE ACT
IN RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 26)
[SECTION 101 OF THE CHILDREN'S ACT 38 OF 2005]

Name of appellant: _____

Physical address of appellant: _____

This is appeal against a decision of the provincial head of social development of _____
 (Insert name of province) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (Indicate yes or no)	Grounds on which appeal is lodged
	Section 97: Consideration of application for registration
	Section 97: Consideration of application for conditional registration
	Section 97: Consideration of application for renewal of registration
	Section 98: Conditions on which registration was granted
	Section 99: Cancellation of registration
	Other grounds of appeal

The reasons provided by the provincial head of social development for his or her decision are attached.
 My reasons for appealing against the decision are attached.

 APPLICANT / REGISTRATION HOLDER

 DATE

NOTE: The appeal must be lodged with the MEC for social development in the province where the decision was taken by the provincial head of social development.

FORM 20

**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 102(6) OF THE ACT IN
RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 26)
[SECTION 102(6) OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Physical address of appellant _____

This is appeal against a decision of municipal official of _____ (Insert name of
municipality) against the exercise of his or discretion in respect of a decision relating to:

Indicate decision against which this appeal is lodged (Indicate yes or no)	Grounds on which appeal is lodged The sections stated below refers to the sections in respect of which functions have been assigned to a municipality in terms of section 102 of the Act
	Section 97: Consideration of application for registration
	Section 97: Consideration of application for conditional registration
	Section 97: Consideration of application for renewal of registration
	Section 98: Conditions on which registration was granted
	Section 99: Cancellation of registration
	Other grounds of appeal

The reasons provided by the municipal official for his or her decision are attached.

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER_____
DATE**NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was taken.**

FORM 21
ASSESSMENT OF EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 28)
[SECTION 103 OF THE CHILDREN'S ACT 38 OF 2005]

Name of Department of Social Development official:

Date of visit:

(A)

**EARLY CHILDHOOD
DEVELOPMENT
PROGRAMME**

Name of ECD Programme:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

(B)

STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

(C) **CHILDREN**

Number of children registered:

Number of children present on day of review:

Age	Girls	Disabled	Boys	Disabled	Total
0 – 18 months					
18 months to 3 years					
3 – 4 years					
5 – 6 years					
TOTAL					

(D) **MANAGEMENT**

Admission / Registration forms available: Yes/No

Are the Admission / Registration forms up to date? Yes/No

Are there job descriptions for all staff? Yes/No

Is there a Staff Development Plan? Yes/No

Admission policy Yes/No

Admission policy of HIV/AIDS infected and affected children Yes/No

Admission policy of children with disabilities Yes/No

Other policies: Specify

Outings procedure:

Complaints procedure:

Emergency plan:

First Aid kit:

Attendance Register:

Accident register:

Abuse register:

(E) Active learning**Daily programme**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Toys

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

Equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Children's work displayed?

Yes/No

Appropriate books available?

Yes/No

Creative materials available?

Yes/No

Puzzles available?

Yes/No

(F) OBSERVATION BY REVIEWER**Practitioner – child interactions**

Detail:

Child – child interactions

Detail:

Discipline

Detail:

Provision of variety of play materials

Detail:

Any other relevant observations

Detail:

(G) **SUPPORT**

Changes agreed with practitioners

1. Give details of the change agreed:

By when:

Support from DoSD:

2. Give details of the change agreed:

By when:

Support from DoSD:

3. Give details of the change agreed:

By when:

Support from DoSD:

SIGNED:

Quality Assurance Reviewer (name and date):

Supervisor/Practitioner (name and date):

FORM 22
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(Regulation 33)
[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

**REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT,
 DESIGNATED CHILD PROTECTION ORGANISATION OR POLICE OFFICIAL**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/ sexually abused/ deliberately neglected or is in need of care and protection.

Source of report (do not identify person)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:	DD	MM	CCYY

1. CHILD: (COMPLETE PER CHILD)						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
School Name:			Grade:	Age / Estimated Age:		
* ID no:			* Passport no:			
Contact no:						

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number :

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

4. ALLEGED ABUSER						
4.1) Surname			Full Name(s)			
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID No:			Age:			
* Passport No:			* Drivers license:			
Also known as:			Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grand father <input type="checkbox"/> Grand mother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Foster mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer <input type="checkbox"/> Other (specify)			
Street Address (include postal code):						
Postal Code:						
4.2) WHEREABOUTS OF ALLEGED PERPETRATOR:						
<input type="checkbox"/> Section 153 (Request for removal by SAPS)		<input type="checkbox"/> Still in home				
<input type="checkbox"/> In hospital (Name/Place.....)						
<input type="checkbox"/> In detention (Place.....)						
<input type="checkbox"/> Living somewhere else		<input type="checkbox"/> Whereabouts unknown		<input type="checkbox"/> Un-identified		

5. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father			Full name(s)			
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:			Age:			
Surname: Mother / Step-mother			Full name(s)			
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:			Age:			
Also known as:			Names and ages of siblings or other children if helpful for tracking			
Street Address (include postal code):					Postal Code:	

(*) = Complete if available or applicable

SURNAME OF CHILD:											
FULL NAMES OF CHILD:											
6. ABUSE											
Date of Incident:			Date unknown:			Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY				DD	MM	CCYY	DD	MM	CCYY
Place of incident:											
<input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care											
6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)											
Physical			Emotional			Sexual			Deliberate neglect		
6.2) INDICATORS (Check any that apply)											
PHYSICAL:											
<input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries <input type="checkbox"/> No visible injuries (elaborate) <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> Other Behavioural or physical (specify)											
EMOTIONAL:											
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behaviour <input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection <input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence <input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism <input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression <input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)											
SEXUAL:											
<input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy <input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation <input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)											
DELIBERATE NEGLECT:											
<input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational <input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment											
6.3) Indicate overall degree of Risk to child:											
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown											
6.4) When applicable, tick the secondary type of abuse Multiple Abuse:											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Sexual			Physical			Emotional			Deliberate Neglect		
Brief explanation of occurrence(s) (including a statement describing frequency and duration)											

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

7. MEDICAL INTERVENTION (*)		
Treated outside hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
Where (name of Hospital)	Contact person	Telephone Number

8. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	
		MM	DD CCYY

9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)			
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
		DD	MM CCYY
CASE NR	Police Station	Telephone Nr	
Name of Police Officer		Rank of Police Officer	

10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?		
10.1) Child known to welfare?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Organisation	Contact number	Reference number

11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)		
Name of informant	Employer	
Employer Address	Work Telephone Nr	Fax Number
Email Address		

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

CAPACITY Section 110 (1)	Caregiver	Correctional Official	Child and Youth Care Centre	Dentist	Doctor	Drop in Centre
	Homeopath	Labour Inspector	Legal Practitioner	Midwife	Member of staff – partial care facility	Medical Practitioner
	Minister of Religion	Nurse	Occupational Therapist	Psychologist	Police Official	Physio-therapist
	Religious leader		Social service professional		Social worker	
	Speech therapist		Shelter		Traditional leader	
	Teacher		Traditional health practitioner		Volunteer Worker – partial care facility	
	Other (specify)					

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of person reporting alleged abuse: _____

Date: _____

Official Stamp of Department / child protection organisation

FORM 23
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD TO DIRECTOR-GENERAL
 (Regulation 33)
[SECTION 110(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO DIRECTOR-GENERAL

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Director-General

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that we have received a report that a child has been abused in a manner causing physical injury/sexually abused/deliberately neglected or is in need of care and protection. * Kindly include the particulars listed below in Part A of the National Child Protection Register.

Source of report (do not identify person)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:	DD	MM	CCYY

1. CHILD: (COMPLETE PER CHILD)						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
School Name:			Grade:		Age / Estimated Age:	
* ID no:			* Passport no:			
Contact no:						

2. DISABILITY (*)			
Disability:	Nature		
<input type="checkbox"/> Yes	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> No	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Psychiatric
	- <input type="checkbox"/> Mental disability:	<input type="checkbox"/> Developmental	
	<input type="checkbox"/> Other		

3. CHRONIC ILLNESS (*)				
Chronic illness:	Nature			
<input type="checkbox"/> Yes	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cancer	<input type="checkbox"/> Liver	<input type="checkbox"/> HIV/ Aids
<input type="checkbox"/> No	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Tuberculoses	<input type="checkbox"/> Cardiac disease	
	<input type="checkbox"/> Other			

4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number :

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

6. ALLEGED ABUSER						
6.1) Surname				Full Name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID No:				Age:		
* Passport No:				* Drivers license:		
Also known as:				Relationship to child:		
Street Address (include postal code):				<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grand father <input type="checkbox"/> Grand mother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Foster mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer <input type="checkbox"/> Other (specify)		
				Postal Code:		
6.2) WHEREABOUTS OF ALLEGED ABUSER:						
<input type="checkbox"/> Section 153 (Request for removal by SAPS)				<input type="checkbox"/> Still in home		
<input type="checkbox"/> In hospital (Name/Place.....)						
<input type="checkbox"/> In detention (Place.....)						
<input type="checkbox"/> Living somewhere else		<input type="checkbox"/> Whereabouts unknown		<input type="checkbox"/> Unidentified		

6.3 ABUSE HAS BEEN CONFIRMED: <input type="checkbox"/> Yes <input type="checkbox"/> No				Date	DD	MM	CCYY
Type:	<input type="checkbox"/> Physical	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Deliberate Neglect			

7. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Surname: Mother / Step-mother				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Also known as:				Names and ages of siblings or other children if helpful for tracking		
Street Address (include postal code):					Postal Code:	

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

8. ABUSE										
Date of Incident:			Date unknown:		Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY			DD	MM	CCYY	DD	MM	CCYY
Place of incident:										
<input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care										
8.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)										
Physical			Emotional		Sexual		Deliberate neglect			
8.2) INDICATORS (Check any that apply)										
PHYSICAL: <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures										
<input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries										
<input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries										
<input type="checkbox"/> No visible injuries (elaborate) <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> Other Behavioural or physical (specify)										
EMOTIONAL: <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behaviour										
<input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection										
<input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence										
<input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism										
<input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression										
<input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation										
<input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)										
SEXUAL: <input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy										
<input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation										
<input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital										

<input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)			
DELIBERATE NEGLECT: <input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational			
<input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment			
8.3) Indicate overall degree of Risk to child:			
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown			
8.4) When applicable, tick the secondary type of abuse Multiple Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual	Physical	Emotional	Deliberate Neglect
Brief explanation of occurrence(s) (including a statement describing frequency and duration)			

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

9. MEDICAL INTERVENTION (*)		
Treated outside hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
Where (name of Hospital)	Contact person	Telephone Number

10. CHILDREN'S COURT INTERVENTION (*)					
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No			Date		
			MM	DD	CCYY
Children's Court Opening: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Court		Reference Number		Date	
				DD	MM CCYY
Movement of children placed in alternative care:					
- Child absconding from Alternative Care (Section 170) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date			Where to (place)		
DD	MM	CCYY			
-Removal of child already in alternative care (Section 173): <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date			Where to (place)		
DD	MM	CCYY			
- Provisional transfer from alternative Care (Section 174) : <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date			Where to (place)		
DD	MM	CCYY			

Other (specify):

11. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)					
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
		DD	MM	CCYY	
CASE NR	Police Station	Telephone Nr			
Name of Police Officer			Rank of Police Officer		
11.1) Police intervention: <input type="checkbox"/> None <input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact <input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation <input type="checkbox"/> Pending		11.2) Offender guilty of previous abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown			
If Yes, Type of conviction:		Date:			
		DD	MM	CCYY	

(*) = Complete if information is available or applicable

12. TYPE OF FACILITY (If child is placed as a preventative measure or statutory placed – SECTION 191(2))	
Name:	Street address (include postal code):
	Postal code:
Type: <input type="checkbox"/> Reception and temporary safe care <input type="checkbox"/> Reception, and care of street children <input type="checkbox"/> Reception, development and secure care <input type="checkbox"/> Reception, care and development of children on a shared basis	

13. CURRENT FUNCTIONING OF THE FAMILY:							
CAUSATIVE FACTORS 13.1) Parents	Complete if not known to a welfare organisation: Current Situation		If known to organisation/ department				
	Yes	No	Deterioration (To be completed on subsequent assessment)		Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent assessment)
			Slight	Significant	Slight	Significant	
<input type="checkbox"/> Heavy child care responsibilities							
<input type="checkbox"/> lack of support system							
<input type="checkbox"/> marital difficulties							
<input type="checkbox"/> lack of knowledge of child care / development							
<input type="checkbox"/> physical violence/ corporal punishment acceptable							
<input type="checkbox"/> different cultural/ sub-cultural/ religious norms							
<input type="checkbox"/> alcohol/drug abuse							
<input type="checkbox"/> physical illness							
<input type="checkbox"/> mental illness							

<input type="checkbox"/> personality disorder							
<input type="checkbox"/> intellectual limitation							
<input type="checkbox"/> abused in childhood							
13.2) Child	If child is known to Child Protection Organization						
	Current situation		Deterioration		Improvement		Unchanged
	Yes	No	Slight	Significant	Slight	Significant	
<input type="checkbox"/> unwanted							
<input type="checkbox"/> premature							
<input type="checkbox"/> disabled							
<input type="checkbox"/> behaviour problem/ provocative							
<input type="checkbox"/> other							

13.3) Environment	If child is known to Child Protection Organization						
	Current situation		Deterioration		Improvement		Unchanged
	Yes	No	Slight	Significant	Slight	Significant	
<input type="checkbox"/> unemployment							
<input type="checkbox"/> social isolation							
<input type="checkbox"/> housing: I = informal F = Formal	I	F					
<input type="checkbox"/> finances: U=unemployed E=employed	U	E					
<input type="checkbox"/> other							

13.4) Services provided	By	For	Unavailable	Rejected
<input type="checkbox"/> psychiatric/psychological assessment				
<input type="checkbox"/> psychiatric treatment				
<input type="checkbox"/> counselling				
<input type="checkbox"/> medical treatment				
<input type="checkbox"/> health care workers				
<input type="checkbox"/> parent education courses				
<input type="checkbox"/> parents/ self help group				
<input type="checkbox"/> volunteer support				
<input type="checkbox"/> home community base care				
<input type="checkbox"/> child and youth care worker				
<input type="checkbox"/> foster care				
<input type="checkbox"/> day care				
<input type="checkbox"/> substance abuse treatment				
<input type="checkbox"/> material needs/ financial assistance				
<input type="checkbox"/> housing				
<input type="checkbox"/> employment				
<input type="checkbox"/> child taken into care				
<input type="checkbox"/> other				

13.5) Evaluation of case
13.6) Planning for family and child at risk

13.7) Recommendation			
Investigation conducted by: (Name of Organisation):		Date	
		DD	MM CCYY
Reporting person:			
Caseworker(s) (please print):		Signature:	

14. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT (If other than above)			
Surname		First Name(s)	
Gender	M	F	Age:
Also known as:		Relationship to child:	Street Address (include postal code)
		Postal code:	

15. INVESTIGATING DESIGNATED SOCIAL WORKER			
Name of Social Worker		Employer	
Employer Address		Work Telephone Number	Fax Number
Email Address		Reference Number	

(*) = Complete if information is available, applicable or information has changed

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of investigating designated social worker: _____

Date: _____

Official Stamp of Provincial Department / child protection organisation

FORM 24
REQUEST FOR REMOVAL OF ALLEGED OFFENDER
(Regulation 34)
[SECTION 110(7) OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Station Commander of Police Station
South African Police Service
.....
.....

Dear Sir / Madam

After investigation we have concluded that it would be in the best interest of (name(s) of child/children concerned) if the person, whose details are reflected below and who is suspected of abusing or neglecting the mentioned child or children, is removed from

.....
..... (physical address of place where alleged offender resides)

Details of alleged offender:

Full names:
Surname:
Also known as:*
Gender:
ID no:*
Occupation:
Relationship with child:

(* - if available or applicable)

Details of incident(s) giving rise to suspicion of abuse or neglect:

.....
.....
.....

Motivation for removal of alleged offender:

.....
.....
.....

You are hereby requested to issue a written notice to the alleged offender in terms of section 153 of the Children's Act, 38 of 2005, and to take such other steps as required by that section.

Name of person submitting request:

Signature:

Capacity / rank:

FORM 25
NOTIFICATION OF CONVICTIONS OR FINDINGS OF ABUSE OR DELIBERATE NEGLECT OF CHILDREN FOR
INCLUSION IN PART A OF THE NATIONAL CHILD PROTECTION REGISTER
(Regulation 39)
[SECTION 114 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

Dear Sir / Madam

Pursuant to section 114(1) (b) and (c) of the Children's Act, (No. 38 of 2005,) you are hereby advised that a person has been convicted on a charge involving the abuse or deliberate neglect of a child / a finding has been made by a children's court that a child is in need of care and protection because of abuse or deliberate neglect. * Kindly include the following particulars in Part A of the National Child Protection Register. (* - delete which is not applicable)

FOR COMPLETION IN ALL CASES:

1. CHILD DETAILS: (Victim)						
Surname of child			Full name(s) of child			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
			*Age / Estimated Age:			
* ID no:			* Passport no:			
Physical Address:						
* Disability of child and its nature			* Chronic illness of child and its nature:			
<u>Nature:</u> <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical disability <u>Mental disability:</u> <input type="checkbox"/> Developmental <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other			<u>Nature:</u> <input type="checkbox"/> Diabetic <input type="checkbox"/> Cancer <input type="checkbox"/> Liver <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Epileptic <input type="checkbox"/> Tuberculoses <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Other			

(* - Complete where available or applicable)

2. FOR COMPLETION IN CASE OF CONVICTION (Section 114(1)(b)):					
Surname of convicted person:		Full Names of convicted person:			
Name convicted under:					
* He or she is also known as		Physical Address:			
SA Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Nationality:			
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Occupation of convicted person:		
Identification no:		* Passport no:			
*Driver's licence no:		* Prisoner identification no:			
Court details:					
Court Name:					
Court Type:		Court Case no:			
Court Address:					
Brief account of conviction:					
Sentence imposed:		Type of offence:			
		Place of offence:			
		Date of offence:	DD	MM	CCYY
		Date of conviction:	DD	MM	CCYY
		Date of sentence:	DD	MM	CCYY
3. APPEAL AGAINST OR REVIEW OF THE CONVICTION					
Appeal approved by the court: <input type="checkbox"/> Yes <input type="checkbox"/> No					

If Yes, Complete the following:

- has been lodged by the convicted person on ...DD... / ...MM... / ...CCYY... (date);
- is likely to be lodged by the convicted person;
- has not been lodged by the convicted person

4. SAPS**Name of Station:****CAS number:****CR number:****FP number:****NRSO No:**

(* - Complete where available or applicable)

5. FOR COMPLETION IN CASE OF FINDING OF CHILDREN'S COURT (Section 114(1)(c))**Details of parents / caregiver of child:****Father / Caregiver - Surname****Father / Caregiver - Full Name(s)****Father / Caregiver Identity no:****Age:***** Driver's license:****Mother / Caregiver- Surname****Mother / Caregiver- Full Name(s)****Mother / Caregiver Identity No:****Age:***** Driver's license:***** Physical Address of parents / caregiver:****Court details in which findings were made:****Name of Children's Court****Address of Children's Court****Brief summary of reasons for findings:****Information on outcome of finding****(nature of order made by children's court in terms of section 46 and /or 156 of the Act):**

Brief summary of services rendered to the child as per social worker's / other professional's report:					
Children's Court Case number:		Date of finding:	DD	MM	CCYY

(* - Complete where available or applicable)

<p>3. ATTACHED DOCUMENTS:</p> <p>The following additional information is attached (if available):</p> <p><input type="checkbox"/> report by social worker / other professional</p> <p><input type="checkbox"/> court order</p> <p><input type="checkbox"/> court minutes</p>
--

Yours sincerely

(Signature of registrar or clerk of the court)

(Date)

Postal Address of Court:

Telephone number of Court:

<p>Official Stamp of the Registrar of the Court or Date of the Court</p>

FORM 26

INQUIRY BY PERSON TO ESTABLISH WHETHER HIS/HER NAME IS INCLUDED IN PART A OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 40)

[SECTION 117 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag xxx
PRETORIA
0001

Dear Sir / Madam

In terms of section 117 of the Children's Act, 38 of 2005, I
..... (full names and surname) wish to inquire whether my name is included in Part A of the National Child Protection Register. A certified copy of one of the following documents is attached as verification of my identity (mark with an "x"):

- birth certificate (only if not in possession of identity document)
- Identity document
- passport
- other

In the event that my name is included in Part A of the Register, kindly furnish reasons why this was done.

Please note that section 117 of the Act requires you to respond to this enquiry within 21 working days.

My postal address is:

.....
.....
.....
.....

My other contact details (telephone or e-mail address) are

.....
.....

Yours sincerely

(Name)

(Date)

FORM 27
PARTICULARS OF PERSON FOUND UNSUITABLE TO WORK WITH CHILDREN
(Regulation 41)
[SECTION 119 OF THE CHILDREN'S ACT 38 OF 2005]
CONFIDENTIAL

PART B OF NATIONAL CHILD PROTECTION REGISTER	
PARTICULARS OF PERSON	
• Full names of person	
• Surname of person	
• ID number of person	
• Last known physical address of person	
• Gender of person	
• Date of birth of person	
• Also known as	
• Offence of which person was convicted (if applicable)	
• Sentence (if applicable)	
• Date of conviction (if applicable)	
• Case number (if applicable)	
• Place of offence and date of offence	
Brief summery of reason why person was found to be unsuitable to work with children	
Fingerprints of person (attached)	
Photograph of person (attached)	

FORM 28

NOTIFICATION OF FINDING OF UNSUITABILITY TO WORK WITH CHILDREN FOR INCLUSION IN PART B OF
NATIONAL CHILD PROTECTION REGISTER

(Regulation 42)

[SECTION 122 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

In terms of section 122 of the Children's Act, (No. 38 of 2005), you are hereby advised that a finding has been made by a court or administrative forum that a certain person is unsuitable to work with children. Kindly include the following particulars of this person in Part B of the National Child Protection Register.

1. PERSON IS UNSUITABLE TO WORK WITH CHILDREN:						
Title:						
Surname:			Full name(s) :			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
* He / she is also known as:						
* Identity no:			* Passport no:			
* Drive's licence no:			* Prisoner Identity no:			
Last known physical address:			Postal Address:			

Court / Forum details which made finding of unsuitability:	
Court Name:	
Court Type:	Court Case no:
Court Address:	
Brief account of conviction:	

Sentence imposed:	Type of offence:			
	Place of offence:			
	Date of offence:	DD	MM	CCYY
	Date of conviction:	DD	MM	CCYY
	Date of sentence:	DD	MM	CCYY
Case no:	Date of finding:	DD	MM	CCYY
Guilty: <input type="checkbox"/> Yes <input type="checkbox"/> No (* - if applicable)				

2. APPEAL AGAINST OR REVIEW OF THE FINDING:
 Appeal approved by court: **Yes** **No**

If Yes, Complete the following:

- has been lodged by the above-mentioned person on/...../..... (date);
- is likely to be lodged by the above-mentioned person;
- has not been lodged by the above-mentioned person

3. ATTACHED DOCUMENTS:
The following additional particulars are attached (if available):

- fingerprints of person *
- photograph of person *
- court order *
- minutes of administrative forum *

(* - if available or applicable)

Yours sincerely

 (Signature of registrar, clerk of the court or person who convened meeting of administrative forum)

Telephone No. _____

 (Date)

Official Stamp of the Registrar of the Court

FORM 29
INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON'S NAME APPEARS IN PART B OF NATIONAL CHILD PROTECTION REGISTER
(Regulation 44)
[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
 Department of Social Development
 Private Bag xxx
 PRETORIA
 0001

Dear Sir / Madam

In terms of section 126 of the Children's Act, 38 of 2005, I
 (full names and surname) wish to inquire whether the name of a person in my employ or that I wish to employ appears in Part B of the National Child Protection Register. A certified copy of one of the following documents is attached as verification of my identity (mark with an "x"):

- birth certificate (only if not in possession of identity document or passport)
- identity document
- passport

In the event that his/her name is included in Part B of the Register, kindly furnish reason why this was done.
Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.

Name of business :
 Physical address of business :
 Postal address of business :
 Telephone numbers of business :
 Position held or to be held by person:

Personal details of person employed or to be employed.

Full names :
 Surname :
 Physical address :
 Postal address :
 Telephone number :
 Alias or nickname :
 ID number :
 Passport number :

Yours sincerely

(Signature)

(Date)

FORM 30
INQUIRY BY PERSON TO ESTABLISH WHETHER HIS/HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD
PROTECTION REGISTER
(Regulation 44)
[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag xxx
PRETORIA
0001

Dear Sir / Madam

In terms of section 126 of the Children's Act, 38 of 2005, I
..... (full names and surname) wish to inquire whether my name is included in Part B of
the National Child Protection Register. A certified copy of one of the following documents is attached as
verification of my identity (mark with an "X"):

- birth certificate (only if not in possession of identity document or passport)
- identity document
- passport

In the event that my name is included in Part B of the Register, kindly furnish reason why this was done.
Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.

My personal details are:

Full names :
Surname :
Physical address :
Postal address :
Telephone numbers :

Yours sincerely

(Signature)

(Date)

FORM 31
**APPLICATION FOR REMOVAL OF NAME ERRONEOUSLY ENTERED IN PART B OF NATIONAL CHILD
PROTECTION REGISTER**
(Regulation 45)
[SECTION 128(2) OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
Department of Social Development
Private Bag X901
Pretoria
0001

Dear Sir / Madam

In terms of section 128(2)(b) of the Children's Act, (No. 38 of 2005), I wish to apply for the removal of my name and particulars from Part B of the National Child Protection

Register. A certified copy of one of the following documents is attached as verification of my identity.

1. IDENTIFYING PARTICULARS			
CPR NO:			
Surname:		Full name(s) :	
Gender:	M	F	Identity no:
Physical address:		Postal address:	

1. REMOVAL OF INFORMATION
1.1 IDENTIFYING DOCUMENTS:
<input type="checkbox"/> SAP 91(a) application for fingerprint screening <input type="checkbox"/> birth certificate (only if not in possession of identity document or passport) <input type="checkbox"/> identity document <input type="checkbox"/> passport <input type="checkbox"/> other

It has come to my notice that my name and particulars have been wrongly included in Part B of the Register for one or more of the following reasons, clarified below:

2. REASONS:
<input type="checkbox"/> incorrect identity number
<input type="checkbox"/> incorrect reflection of name, surname and other particulars
<input type="checkbox"/> incident linked to the wrong person
<input type="checkbox"/> incident linked to the wrong child
<input type="checkbox"/> other

3. CLARIFICATION:

4. CONTACT DETAILS:	
Postal address:	Physical address:
Email:	
Telephone No:	Cellular No:

5. ATTACHED DOCUMENTS:
The following additional particulars are attached:
<input type="checkbox"/> an affidavit setting out the grounds for this application

Please note that regulation 51(1)(b) requires you to notify me of the outcome of this application within 21 working days.

Yours sincerely

(Signature)

(Date)

FORM 32
NOTIFICATION OF OUTCOME OF APPLICATION TO REMOVE NAME AND INFORMATION FROM PART B OF
NATIONAL CHILD PROTECTION REGISTER
(Regulation 45)
[SECTION 128 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General
 Department of Social Development
 Private Bag xxx
 PRETORIA
 0001

Dear Sir / Madam

Pursuant to section 128 of the Children's Act, 38 of 2005, you are hereby advised that the court has considered an application by a person whose name and information have been included in Part B of the National Child Protection Register to be removed from the Register. In the event that the application had been successful as reflected below, kindly remove the name and any information pertaining to the applicant from the Register without delay. The following details are submitted:

Full names and surname of applicant:

Physical address of applicant:

.....

Identification number of applicant:*

Any other relevant details:

Outcome of application (finding):

.....

Name and address of court in which finding was made:

.....

Date of finding:

Case number:

(* - if available)

Register reference number:

 (Signature of registrar or clerk of the court)

 (Date)

Postal address of court:

FORM 33
APPLICATION FOR CONSENT TO MEDICAL TREATMENT OR SURGICAL OPERATION BY MINISTER
(Regulation 47)
[SECTION 129(7) OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Details concerning the applicant, the child, the particulars of the person/institution providing medical treatment or performing the surgical operation and the parent/guardian assisting the child

Full name of child	
Date of Birth/ID number/passport no*	
Address of child	
Contact details	
Age of child	

*Please attach copy of birth certificate/ ID Number/ Passport where applicable

Applicant details

Full name of applicant	
Date of Birth/ID number/passport no*	
Address of child	
Contact details	
Relationship to child/official designation/other details explaining why applicant in this matter	

Particulars of person/hospital/clinic/surgery/other institution* providing medical treatment/performing surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation*	

*Please furnish details concerning the name and type of institution in the space provided

Part B: Details of medical treatment/surgical operation

Please provide detailed description of envisaged medical treatment or surgical operation and reason(s) why this treatment or operation is required:-

.....

.....

.....

.....

Part C: Motivation for seeking consent of the Minister

- Parent/guardian unreasonably refusing to give consent or to assist the child in giving consent

Motivation:.....

.....

.....
.....
.....

- Parent/guardian incapable of giving consent or of assisting the child to give consent

Motivation:.....
.....
.....
.....

- Parent cannot readily be traced/ is deceased*

Steps taken to trace
parents:.....
.....
.....

* attach copy of parent's or guardian's death certificate

- Child unreasonably refusing to give consent

Motivation.....
.....
.....
.....

Part D: Consent/ refusal of consent by Minister

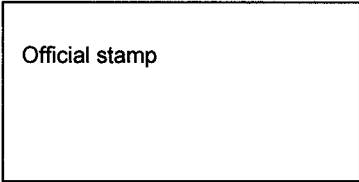
- I(insert name) duly authorized, hereby give consent for the medical treatment to be given to/surgical operation to be performed upon (delete whichever is not applicable)(insert child's name).
- I(insert name), duly authorized, do not consent to the medical treatment/ the performance on the surgical operation applied for.

Tick whichever is applicable

.....
Signature

.....
Full name

.....
Designation



.....
Date

FORM 34
CONSENT TO SURGICAL OPERATION BY A CHILD
(Regulation 48)
[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]

NB Child to be 12 years of age or older and of sufficient maturity and having the mental capacity to understand the benefits, risks and social implications of the surgical operation

Part A: Details concerning the child, the particulars of the person performing the surgical operation or institution where it is to be performed and the parent/guardian assisting the child

Full name of child	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child (12 or older)	

Particulars of person/hospital/clinic/surgery/other institution* performing the surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation	

*Please furnish details concerning the name and type of institution in the space provided

Particular of parent(s) or guardian(s) assenting to surgical operation

Parent/Guardian 1

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child	

Parent/guardian 2 (where necessary or desirable)

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child	

Part B: Explanation of nature, consequences, risks and benefits of surgical operation

I (name of person seeking child's consent to perform a surgical operation confirm that I have explained to (name of child consenting to surgical operation) the following in a manner that is understandable to the child: -

- The nature of the problem requiring a surgical operation
- The most suitable surgical operation in my opinion

- Any risks associated with the surgical operation
- The benefits associated with surgical operation
- Any alternative forms of treatment
- The social implications of the treatment or surgical operation (if any)
- Any other implications or possible consequences of the surgical operation (specify in space provided below)

.....

I have given the child an opportunity to ask questions relating to the above.

I have satisfied myself that the child is 12 years or older and is of sufficient maturity and has the mental capacity to understand the risks, benefits, social and other implications of the surgical operation.

I have satisfied myself that..... (insert name of parent(s)/guardian(s)) has duly assisted the child to give consent to the surgical operation.

 Signature of person seeking consent to perform the surgical operation

.....
 Name of person seeking consent to perform the surgical operation (write in full)

.....
 Designation of person seeking consent to perform the surgical operation

Date:

Part C Consent of the child.

I,(insert child's name) understand that the following surgical operation is going to be performed on me:

 I.....(insert child's name) understand the risks and benefits and possible consequences of this surgical operation that have been explained to me, and I confirm that I have been given an opportunity to ask questions about my condition, alternative forms of treatment, and the risks of non-treatment, and possible consequences of the surgical operation.

I believe that I have sufficient information to give my informed consent, and do so freely.

 Signature of child

.....
 Name of Child (write in full)

Date.....

I.....(insert name of parent(s) or guardian (s)) assisting the child to consent to a surgical operation confirm that the child is 12 years or older and is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the following surgical operation.....(insert type of surgical operation, and that(insert name of child) has been duly assisted by me to furnish consent.

 Signature parent(s)/guardian(s)

.....
 Full name of parent or guardian

.....
 Date

FORM 35
CONSENT TO SURGICAL OPERATION OF A CHILD BY A PARENT
(Regulation 49)
[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Details concerning the child, the parent aged under 18 years of the child upon whom the surgical operation is to be performed, the parent(s) or guardian of the child parent aged below 18 years, and the particulars of the person performing the surgical operation or institution where it is to be performed

Child upon whom surgical operation is to be performed

Full name of child	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child (12 or older)	

Parent aged below 18 years giving consent ("child parent")

Full name of child parent	
Date of Birth/ID number/passport no	
Address of child	
Contact details	
Age of child parent	

Parent/Guardian assisting the child parent to give consent

Full name of parent/guardian	
Date of Birth/ID number/passport no	
Address of parent	
Contact details	
Relationship to child parent	

Particulars of person/hospital/clinic/surgery/other institution* performing surgical operation

Name	
Practice no/hospital/clinic/surgery/ staff position	
Address	
Contact details	
Nature of surgical operation	
Details of other institution performing surgical operation*	

Part B: Explanation of nature, consequences, risks and benefits of surgical operation

I(name of person seeking consent to perform a surgical operation) confirm that I have explained to(name of child parent consenting to surgical operation) the following in a manner that is understandable to him /her: -

- The nature of the problem requiring a surgical operation
- The most suitable surgical operation in my opinion
- Any risks associated with the surgical operation
- The benefits associated with surgical operation
- Any alternative forms of treatment
- The social implications of the treatment or surgical operation (if any)
- Any other implications or possible consequences of the surgical operation (specify in space provided)

.....

I have given the child parent an opportunity to ask questions relating to the above.

I have satisfied myself that the child parent is 12 years or older and is of sufficient maturity and has the mental capacity to understand the risks, benefits, social and other implications of the surgical operation upon(insert name of child upon whom surgical operation is to be performed).

I have satisfied myself that..... (insert name of parent(s)/guardian(s)) has duly assisted the child giving consent to the surgical operation.

Signature of person seeking consent to perform the surgical operation

.....
Name of person seeking consent to perform the surgical operation (write in full)

.....
Designation of person seeking consent to perform the surgical operation

Date:

Part C Consent of the child parent.

I,(insert name of child parent)
understand that the following surgical operation is going to be performed (insert type of surgical operation):
.....
on.....(insert name of child upon whom surgical operation to be performed).

I understand the risks and benefits and possible consequences of this surgical operation that have been explained to me, and I confirm that I have been given an opportunity to ask questions about the health condition of my child, alternative forms of treatment, and the risks of non-treatment, and possible consequences of the surgical operation.

I believe that I have sufficient information to give my informed consent, and do so freely.

Signature of child parent

.....
Name of child parent (write in full)

Date.....

Part D Declaration of parent/guardian of child parent

I.....(insert name of parent(s) or guardian (s))
assisting the child parent to consent to a surgical operation) confirm that he / she is 12 years or older and is of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the following surgical operation.....(insert type of surgical operation), and that(insert name of child) has been duly assisted by me to furnish consent.

Signature parent(s)/guardian(s)

.....
Full name of parent or guardian

.....
Date

FORM 36
AUTHORITY FOR REMOVAL OF CHILD TO TEMPORARY SAFE CARE
(Regulation 53)
[SECTIONS 150-152 OF THE CHILDREN'S ACT 38 OF 2005]

TEMPORARY SAFE CARE	
Temporary safe care where child is to be placed	

AUTHORITY

Authority is hereby given for the placement of the following child/children until this authority is confirmed by the presiding officer of a children's court.

DETAILS OF CHILD(REN)				
NAME(S) AND SURNAME	GENDER	DISABILITY	DATE OF BIRTH ESTIMATED AT	

REASONS FOR REMOVAL OF CHILD

(Mark with an "x") (Attach a substantiated statement containing the specific details/circumstances of the removal, reflecting dates and facts relevant to the chain of events)

MARK	SECTION OF ACT	REASONS FOR REMOVAL
	151(2)	I have removed the above-mentioned child/children in terms of a children's court order (Document attached as per Annexure)
	47(3)	I have removed the above-mentioned child/children in terms of an order of another court (Document attached as per Annexure)
	170(4)	I have apprehended the above-mentioned child/children who has/have absconded or failed to return to alternative care (Document attached as per Annexure)
		I have reason to believe that the child/children is/are in need of care and protection due to the following:
	150(1)(a)	has been abandoned or orphaned and is without any visible means of support
	150(1)(b)	displays behaviour which cannot be controlled by the parent or care-giver
	150(1)(c)	lives or works on the streets or begs for a living
	150(1)(d)	is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency
	150(1)(e)	has been exploited or lives in circumstances that expose the child to exploitation

MARK	SECTION OF ACT	REASONS FOR REMOVAL
	150(1)(f)	lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being
	150(1)(g)	may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child
	150(1)(h)	is in a state of physical or mental neglect
	150(1)(i)	is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.
		I have found the child/children in the following circumstances and I have reason to believe that the child/children may be in need of care and protection:
	150(2)(a)	a child who is a victim of child labour
	150(2)(a)	a child in a child-headed household

RESPONSIBLE PERSON

Details of parent(s), guardian or care-giver from whose custody child/children was/were removed

Name(s) and surname		
Residential address		
Work address		
Telephone numbers	Residence	
	Office	
	Cellular	
Facsimile number		
Email address		
Relationship to the child		

ADDITIONAL INFORMATION: CHILD(REN)

(Special needs, medical conditions, behaviour, etc)

OFFICIAL CONDUCTING REMOVAL OF CHILD(REN)
--

Details of person conducting removal of child(ren)

Name(s) and surname		
Rank/position		
Identity number		
Social worker/police official/authorized person		
Work address		
Registration number		
Telephone numbers	Office	
	Cellular	
Facsimile number		
Email address		

ACKNOWLEDGMENT OF RECEIPT

PARENT(S), GUARDIAN OR CARE-GIVER			
Signature			
Name & surname			
Place			
Date		Time	

TEMPORARY SAFE CARE			
Signature			
Name & surname			
Place			
Date		Time	

COPIES OF AUTHORITY

A true copy of this authority must be provided to the following and must be confirmed by the issue of a **Form 37 court order** within the applicable time limits:

Care-giver from whose custody child/children was/were removed and who can readily be traced	Within 24 hours
Temporary safe care facility	With admittance
Social worker (case worker)	Within 24 hours
Provincial Department of Social Development	Within 24 hours
Children's Court (clerk of the children's court)	Not later than the next court day
Office record (case file, case docket)	Filed as soon as possible

REFERRAL

Case referred to Organisation/Social worker

Name & surname	
Organisation	
Telephone number	
Facsimile number	
Reference number	

SEE NOTES ON NEXT PAGE

Note 1**A. Directions for social workers:**

A true copy of this authority is to be delivered or handed, after removal of the child/children, to the

- § parent/guardian/care-giver who can readily be traced within 24 hours;
- § relevant clerk of the children's court by not later than the next court day; and
- § closest office of the relevant provincial department of social development within 24 hours.

B. Directions for police officials:

A true copy of this authority is to be delivered or handed, after removal of the child/children, to

- § the parent/guardian/care-giver who can readily be traced within 24 hours;
- § the relevant clerk of the children's court by not later than the next court day;
- § the closest office of the relevant provincial department of social development within 24 hours;
- § a designated social worker within 24 hours.

C. General

- § The parent/guardian/care-giver must be informed of the date, time and place of the review of the detention of the child/children and the right to furnish the court with information which must be the first court day after the removal of the child. The person issuing this authority must bring the child/children or cause the child/children to be brought before the children's court of the district of removal.
- § The place where the child is placed in temporary safe care must report to the children's court concerned if the placement is not confirmed by court order within seven days.

Note 2

Section 152(1) of the Act makes it clear that, before a child may be removed to temporary safe care without a court order, ALL of the following factors HAVE to be present –

- The child must be in need of care and protection;
- The child must require immediate emergency protection;
- The delay in obtaining a court order may jeopardize the child's safety and well-being; and
- Removal is the best way to secure the child's safety and well-being.

FORM 37
NOTIFICATION TO PARENT, GUARDIAN OR CARE-GIVER TO ATTEND
CHILDREN'S COURT PROCEEDINGS
(Regulation 54)
[SECTIONS 151, 152 and 286 OF THE CHILDREN'S ACT 38 OF 2005]

TO:.....

Dear Sir/Madam

You are hereby advised to attend proceedings of the children's court where a decision will be made as to whether
 (full names and surname of child) is in need of care and protection.

Date and time of hearing:

Place of hearing:

 Clerk of the court

Date:

Address of court

FORM 38
SECTION 155(2) REPORT BY DESIGNATED SOCIAL WORKER TO BE CONSIDERED BY CHILDREN'S COURT
(Regulation 55)
[SECTION 155(2) OF THE CHILDREN'S ACT 38 OF 2005]

File no. Court file no.
 Department of or Welfare Organisation

<p>PROFESSIONAL REPORT BY</p> <p>FULL NAMES:</p> <p>SIGNATURE:</p> <p>QUALIFICATIONS:</p> <p>REGISTRATION NO.:</p> <p style="text-align: center;">REGISTERED SOCIAL WORKER</p> <p>ADDRESS:</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p> <p>TEL. NO.:</p> <p>DATE:</p> <p>SUPERVISOR'S OR SENIOR'S SIGNATURE:</p> <p style="text-align: center;">.....</p> <p>DATE:</p>

A. INTRODUCTION (Nature of report; outline of what report attempts to achieve)

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B. IDENTIFYING DETAILS OF CHILD/CHILDREN FORMING SUBJECT OF REPORT

FULL NAME(S)	GENDER	DATE OF BIRTH/ ESTIMATED AGE/ IDENTITY NUMBER

Residential address:

.....

Home language:

Religious affiliation (if applicable):

Present care-giver (name and address):

.....

C. FAMILY COMPOSITION

Biological parents (names, identity numbers, ages, addresses, contact numbers, qualifications, marital status, employer):

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Siblings (names, gender and ages of all siblings to be indicated – child concerned to be indicated with an asterisk(*)):

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Alternate care-giver(s) – adoptive parents, foster or stepparents, guardian or care-giver (names, identity numbers, ages, addresses, contact numbers, qualifications, marital status, employer)

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D. SOURCES OF INFORMATION (Persons from whom information had been obtained to compile report – indicate names, addresses, contact numbers and relationship to the child/children)

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E. FAMILY PROFILE

Family background (background information on parents – place of birth, education, family history, employment history)

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Family structure (persons constituting the family – all persons living in household)

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Family relationships (nature of parents' relationship, relationship with other members of family and extended family)

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Physical factors and health (relating to parents - also indicate any disabilities and/or substance abuse):

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.....
.....

Psychological factors (relating to parents - also indicate any mental disabilities):

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Housing and environment (type, size, ownership, impression):

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Religious and cultural aspects (affiliation, participation, role):

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.....

Socio-cultural aspects (community activities, status, norms and values):

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.....

Financial aspects (income and expenditure of parents):

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.....

F. CHILD/CHILDREN CONCERNED (Any relevant supporting documents to be attached as annexure)

Child concerned (name):

Present living circumstances (if not living with biological parents):

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.....

Physical factors and health (also indicate any disabilities and/or substance abuse):

.....
.....

Psychological factors (also indicate any mental disabilities):

.....

Relationships with parents, siblings or peers:

.....
.....

Schooling (abilities, problems, difficulties and achievements):

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.....

.....

G. SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Abandoned or orphaned children (discuss circumstances):

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.....
.....
.....
.....

Children with special needs (indicate needs / requirements):

H. VIEWS OF THE CHILD/CHILDREN CONCERNED (Reflect emotions, feelings, preferences, personal needs and any other relevant observations by child/children)

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I. FACTORS RESULTING IN INVESTIGATION

Events leading to investigation (complete chain of events; also discuss factors listed in section 150 of the Act):

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.....

Previous interventions (previous decisions or inquiries in respect of child/children to be indicated, whether child had been removed to temporary safe care; family preservation services rendered or attempted; whether child had been a victim of trafficking and returned to or found in the Republic):

.....
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.....

Evidence and facts (allegations of abuse/neglect; incidents; claims – affidavits and any other supporting documents to be attached as annexure):

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.....

Medical evidence (In cases of assault or abuse; any supporting documents to be attached as annexure):

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J. MEASURES TO ASSIST FAMILY

Steps taken to improve family situation (counseling, mediation, prevention and early intervention services, family reconstruction and rehabilitation, behaviour modification, problem solving, referral):

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K. PRIVATE FAMILY ARRANGEMENTS (If applicable)

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L. EVALUATION (Positive and negative factors, causes and results)

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M. CONCLUSION (Finding by social worker whether child is in need of care and protection)

In view of the above information I am of the opinion that

..... (name(s) of child/children) is/are* in need of care and protection/not in need of care and protection* as described in section 150(1).../150(2)...* (quote applicable subsections if found to be in need of care) of the Children’s Act 38 of 2005.

* (delete which is not applicable)

N. RECOMMENDATION (Indicate which order or orders in terms of section 156 of the Act, INCLUDING AN ORDER IN TERMS OF SECTION 46, would be appropriate to the child – section number and subsection to be reflected. Motivate the recommendation and include recommendation on duration of order and level of supervision required, if applicable)

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O. RECOMMENDED MEASURES TO ASSIST CHILD’S FAMILY (Mark with an “x” and substantiate)

- counseling
 - mediation
 - prevention and early intervention services
 - family reconstruction and rehabilitation
 - behaviour modification
 - problem solving
 - referral to another suitably qualified person or organisation
 - other
-

P. RECOMMENDED MEASURES TO ASSIST CHILD (Mark with an “x” and substantiate)

- therapeutic needs.....
-

- educational needs
-
- cultural needs
-
- linguistic needs
-
- developmental needs (attach separate forms as Annexures if required).....
-
- socio-economical needs
-
- spiritual needs
-
- other needs
-

Q. WRITTEN REQUEST BY PRESIDING OFFICER (Address any written request by a presiding officer to the designated social worker concerned)

.....

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.....

.....

R. PERMANENCY PLAN (To be completed if recommended that the child be removed from care of parent or care-giver)

I have taken account of the following factors:

- the ideal that every child should be provided with the opportunity to grow up within his or her family and where this is proved not to be in his or her best interest or not possible, to have a permanency plan which works towards life-long relationships in a family or community setting;
- the best way of securing stability in the child's life in terms of section 157(1)(b) of the Act;
- the age of the child;
- the developmental stage the child;
- the child's therapeutic, educational, cultural, linguistic, developmental, socio-economical and spiritual needs; and
- the views of the child,

and concludes as follows (discuss above factors):

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In view of the above I recommend that the child (mark with an "x") –

- be placed in foster care with relatives or non-relatives as geographically close to the parent or caregiver as possible to encourage visiting by such persons

Reasons and indication of names, details, circumstances and suitability of proposed foster parents:

.....
.....
.....

- be adopted by relatives

Reasons and indication of names, details, circumstances and suitability of proposed adoptive parents

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.....
.....

- be placed under the guardianship of relatives

Reasons and indication of names, details, circumstances and suitability of proposed guardians:

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.....
.....

- be adopted by non-relatives, preferably of similar ethnic, cultural and religious backgrounds

Reasons and indication of names, details, circumstances and suitability of proposed adoptive parents:.....

.....
.....
.....

- be placed in permanent foster care with relatives or non-relatives or with a cluster foster care scheme

Reasons and indication of names, details, circumstances and suitability of proposed permanent foster parents or scheme:.....

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.....