

THE CHILDREN'S ACT 38 OF 2005

CONSOLIDATED FORMS IN TERMS OF DRAFT REGULATIONS UNDER THE CHILDREN'S ACT AND BILL 19 OF 2006

(Note: the headings of forms pertaining to regulations under Bill 19 of 2006 have been reflected in blue font for ease of distinction)

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| SUMMARY OF FORMS | | |
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SUMMARY OF FORMS

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FORM 1
CONSENT TO A VIRGINITY TEST BY A CHILD
(Regulation 3(1))
[SECTION 12(5) OF THE CHILDREN'S ACT 38 OF 2005]

Part 1: Particulars of child and of person performing virginity test

[Child to be aged 16 years or older]

| | |
|------------------------------|--|
| Full name of child | |
| Date of Birth/ID number | |
| Residential address of child | |
| Telephone contact details: | |
| Cell phone number | |
| Age of child (16 or older)* | |

* Proof of age to be attached

Particulars of person administering virginity test

| | |
|---------------------------|--|
| Name | |
| ID No (where applicable) | |
| Address | |
| Telephone contact details | |
| Cell phone number | |

Part 2: Pre-test counseling, and acquisition of voluntary and informed consent

I confirm that the child to undergo the virginity test has received proper counseling about the risks, benefits and social implications of a virginity test.

I confirm that I have received sufficient proof that the child to undergo virginity test is 16 years or older.

I have explained to the child consenting to treatment the following in language that is understandable to the child: -

- The nature of the virginity test and method to be followed
- Any risks associated with a virginity test
- The social implications of virginity test
- Any other implications or possible consequences of a virginity test
- The confidential nature of the results of a virginity test, except where, after completion of the virginity test, the child gives consent for disclosure in the manner provided for in **Form 2**.
- The voluntary nature of the test

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

Signature of person performing the virginity test

Date:

Place:

PLEASE SEE REVERSE HEREOF

Part 3. Consent by child

I,(insert child's name)

- understand that a virginity test is going to be performed on me, and that I am voluntarily undergoing this test
- understand the risks and possible consequences of a virginity test that have been explained to me
- confirm that I have been given an opportunity to ask questions about a virginity test and the results of such a test
- consent to a virginity test but understand that I any at any time before the producer withdraw my consent

I understand that the results of the virginity test will be confidential unless I give my consent for the results to be disclosed.

I believe that I have sufficient information to give this informed consent.

Signature of child

Date _____

Place _____

Signature of witness

Date _____

Place _____

FORM 2
CONSENT TO DISCLOSE INFORMATION ON VIRGINITY TEST
(Regulation 6)
[SECTION 12(6) OF THE CHILDREN'S ACT 38 OF 2005]

Part 1: Particulars of child consenting to disclosure of information relating to virginity test

Particulars of child

| | |
|----------------------------|--|
| Full name of child | |
| Date of Birth/ID number | |
| Address of child | |
| Contact details | |
| Cellphone number | |
| Age of child (16 or older) | |

Particulars of person administering virginity test*/person seeking permission to disclose information relating to virginity test (delete which is not applicable)

| | |
|--------------------------|--|
| Name | |
| ID No (where applicable) | |
| Residential Address | |
| Cell phone number | |
| Contact details | |

I confirm that I have explained in language that is understandable to the child that the results of his or her virginity test will be disclosed to

(insert name of persons, groups, organizations, or institutions who will receive information on the results of his or her virginity test).

I have explained the possible risks, benefits and social implications of disclosing the results of his or her virginity test to him or her.

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

Period for which consent to disclose is valid.....(if applicable)

 Signature of person obtaining consent to disclosure

Date:

I,(insert child's name)

- understand that the results of my virginity test are going to be disclosed to(insert name of persons, groups, organizations or institution who will receive information on the results of his or her virginity test)
- am not being forced to give my consent
- understand the risks and benefits and possible consequences of disclosure of the results of the virginity test that have been explained to me
- confirm that I have been given an opportunity to ask questions about the disclosure of the results of my virginity test.
- Consent to disclosure of the results, but understand that I may withdraw consent at any time

 Signature of child

Date _____

Place _____

Signature of witness

Date _____

Place _____

FORM 3
CONSENT TO MEDICAL CIRCUMCISION
(Regulation 8)
[SECTION 12(9) OF THE CHILDREN'S ACT 38 OF 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

PART A: PARTICULARS OF PATIENT

| | |
|----------------------|------------------------------|
| Full name of patient | |
| ID number | |
| Residential address | |
| Postal address | |
| Contact details | Phone : Fax : E-mail : |
| Age of patient | |

PART B: MEDICAL PRACTITIONER ADMINISTERING CIRCUMCISION

| | |
|--------------------------------|------------------------------|
| Name | |
| Address of practice | |
| HPCSA registration number | |
| Contact details | Phone : Fax : E-mail : |
| Reason(s) for the circumcision | |

I confirm that I have received sufficient proof that the patient is 16 years or older.
I have explained to the patient the following:

- The nature of a circumcision.
- The different surgical methods to perform a circumcision.
- The surgical method to be followed
- Any risks associated with a circumcision
- Any complications associated with a circumcision
- Any other implications or possible consequences of a circumcision
- Other information (if any): _____

I have given the patient an opportunity to ask questions.

Signature of medical practitioner

Date:

PLEASE SEE REVERSE HEREOF

PART C: CONSENT BY PATIENT

I, _____ (insert patient's name)

- understand that a circumcision is going to be performed on me, and that I am voluntarily undergoing this surgical procedure.
- understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me.
- confirm that I have been given an opportunity to ask questions.
- consent to a circumcision but understand that I may at any time before the procedure withdraw my consent.

Signature of patient

Date:

Signature of witness

Date:

PART D: ASSISTANCE BY PARENT OR GUARDIAN

(TO BE COMPLETED IN THE CASE OF A MALE CHILD OVER 16 YEARS BUT UNDER 18 YEARS)

I, _____ (insert name) have assisted the child to consent to a circumcision and declare that the child is over the age of 16 years but under the age of 18 years and is, to the best of my knowledge, of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of a circumcision.

*Parent / guardian

Date:

* Delete which is not applicable

FORM 4**CONSENT TO RELIGIOUS CIRCUMCISION
(Regulation 9(3))****[SECTION 12(8) OF THE CHILDREN'S ACT 38 OF 2005]**

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

PART A: PARTICULARS OF PATIENT

| | |
|----------------------|------------------------------|
| Full name of patient | |
| ID number | |
| Residential address | |
| Postal address | |
| Contact details | Phone : Fax : E-mail : |
| Age of patient | |

PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION

| | |
|---|------------------------------|
| Name | |
| Address | |
| HPCSA registration number (in the case of a medical practitioner) | |
| Contact details | Phone : Fax : E-mail : |

I have explained to the person consenting the following:

- The nature of a circumcision
- Any risks associated with a circumcision
- Any complications associated with a circumcision
- Any other implications or possible consequences of a circumcision
- Other information (if any): _____

I have given the person giving consent an opportunity to ask questions.

Signature of * medical practitioner / person administering the circumcision

Date:

PLEASE SEE REVERSE HEREOF

PART B: CONSENT BY PARENT OR GUARDIAN

I, _____

- understand that a religious circumcision is going to be performed.
- understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me.
- confirm that I have been given an opportunity to ask questions.
- consent to a religious circumcision but understand that I may at any time before the procedure withdraw my consent.

* Parent / guardian

Date:

Signature of witness

Date:

PART C: STATEMENT BY PARENT OR GUARDIAN

(TO BE COMPLETED IN THE CASE OF A MALE CHILD UNDER 12 YEARS OR OVER THAT AGE BUT INCOMPETENT TO CONSENT)

I, _____ (insert name) declare that the child is * under the age of 12 years / over that age but is, to the best of my knowledge, of insufficient maturity or is unable to understand the benefits, risks, social and other implications of a circumcision.

* Parent / guardian
Date:

PART D: ASSISTANCE BY PARENT OR GUARDIAN

(TO BE COMPLETED IN THE CASE OF A MALE CHILD OVER 12 YEARS BUT UNDER 18 YEARS)

I, _____ (insert name) have assisted the child to consent to a circumcision and declare that the child is over the age of 12 years but under the age of 18 years and is, to the best of my knowledge, of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of a circumcision.

*Parent / guardian
Date:

* Delete which is not applicable

FORM 5**PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT
(Regulation 10(1), 11(2))****[SECTION 22 OF THE CHILDREN'S ACT 38 OF 2005]****Part A: Particulars of mother of child/children or other holders of parental responsibilities and rights/
Particulars of father or person(s) upon whom parental responsibilities and rights are being conferred***Mother or Holder 1.*

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/Passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Father or person(s) upon whom parental responsibilities and rights are being conferred

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/Passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Details of further co-holders of parental responsibilities and rights in respect of whom this parental responsibilities and rights agreement applies must be furnished on a separate page and attached to this **Form** as an annexure.

Part B: Details of child or children in respect of whom parental responsibilities and rights agreement has been concluded*First Child*

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/Passport no | |
| Residential address | |
| Contact no | |

Second Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/Passport no | |
| Residential address | |
| Contact no | |

Third Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Details of additional children in respect of whom this parental responsibilities and rights agreement applies must be furnished on a separate page and attached to this Form as an annexure.

Part C: Supporting Documentation

Please find the following supporting documentation attached:

- Particulars relating to guardianship of the child/children (NB: agreement then to be made an order of the High Court)
- Particulars relating to the care of the child/children
- Particulars relating to contact with the child/children
- Particulars relating to the financial responsibilities for the maintenance of the child/children
- Particulars relating to other matters incidental to the exercise of parental responsibilities and rights

Or

- A parenting plan in the form of **Form 7**

Part D: Agreement

I _____ (being the mother of/person having parental responsibilities and rights in respect of _____ (insert child or children's names) _____ hereby agree to confer those parental responsibilities and rights as set out in the attached documents/a parenting plan substantially in the manner of **Form 7** / as specified below (delete which does not apply) upon _____ (insert name of father/other person having an interest in the care, well-being and development of the child).

Details of parental responsibilities and rights conferred (optional)

Part E: Details of application for registration of parental responsibilities and rights agreement or for parenting plan to be made an order of court

TO: The Family Advocate/Clerk of the Court/ Registrar of the High Court

Place:

Date:

We,.....
.....(i
initials and surnames)

hereby apply for registration of the attached parental responsibilities and rights agreement at the Office of the Family Advocate/ hereby apply for the attached parenting plan to be made an order of the honourable court (delete whichever is not applicable).*

Signed (Mother/other person)

Signed (Father/other person)

Date

Particulars of Family advocate (where applicable)

Official stamp

| |
|---------------------------------------|
| ----- Name of Family Advocate |
| ----- Signature of Family advocate |
| ----- Place |
| ----- Date |

FORM 6

**STATEMENT OF FAMILY ADVOCATE CONCERNING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT
(Regulation 10(4))**

I(Name and surname), being the
Family Advocate at the abovementioned High Court/ Divorce court/children’s court
hereby confirm that the parental responsibilities and rights agreement referred to in section 22(3) between

.....

and

.....

(insert names of parties)

- was prepared with my assistance (tick if applicable)
- complies with the best interests of the child/children.....
(insert names of children).

I confirm that information about the contents of this parental responsibilities and rights agreement have been
furnished to the child or children, bearing in mind the child/children’s age, maturity and stage of development ----

I confirm that the child or children been given an opportunity to express their views, and that these views have
been given due consideration -----

Signed

Date

Particulars of Family advocate

Official stamp

| |
|------------------------------|
| ----- |
| Name of Family Advocate |
| ----- |
| Signature of Family advocate |
| ----- |
| Place |
| ----- |
| Date |

FORM 7
PARENTING PLAN
(Regulation 11(2)(b), 14(3))
[SECTION 33 OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Particulars of holders of parental responsibilities and rights

Holder 1.

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email Address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Holder 2.

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email Address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Holder 3 (If applicable).

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email Address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Details of further co-holders of parental responsibilities and rights in respect of whom this parenting plan applies must be furnished on a separate page and attached to this **Form** as an annexure.

Part B: Details of child or children in respect of whom parenting plan has been agreed

First Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Second Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Third Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Details of additional children in respect of whom this parenting plan applies must be furnished on a separate page and attached to this **Form** as an annexure.

Part C: Information regarding guardianship, care and contact with respect to the child or children

C.1 Guardianship

| Child's Name | Guardian | Guardian |
|--------------|----------|----------|
| | | |
| | | |
| | | |

C. 2 Care

C 2. 1. Please provide details concerning where the child or children will reside and for which specified periods, and who will provide care for the child

[Additional details to be furnished on a separate page]

C2. 2. Please provide details concerning responsibilities for the maintenance of the child or children

[Additional details to be furnished on a separate page]

C. 3 Contact

C 3.1 Please provide details concerning parental responsibilities and rights in respect of contact with the child or children

C3.2 Please provide details concerning contact on any special days, public holidays or during holiday periods (birthdays, mother's day, father's day, Christmas, Eid and so forth)

C 3.2 Please provide details as to the costs of travel to enable contact with the child or children to occur

Part D: Particulars as to how decisions in respect of a child or children's life are to be exercised by bearers of parental responsibilities and rights, how disputes are to be resolved and how the costs of dispute resolution will be met

D.1 Please give details as to how major decisions concerning the child or children will be made

D.2 Please provide details concerning the exercise of parental responsibilities and rights in respect of the child's or children's education, health care and participation in cultural or religious activities

[Additional details to be furnished on a separate page]

D.3 Please give details about the manner in which effect will be given to the obligation to consult with the child or children concerning the exercise of parental rights and responsibilities

D.5.1 Please give details as to how any disputes concerning the child or children between the parties to the parenting plan are to be resolved, with due regard to mediation and reconciliation

D.5.2 Please give details as to how any costs for resolving disputes are to be met

Part E: Additional information concerning the exercise of parental responsibilities and rights

Please complete the necessary details in the space provided below in respect of:-

- Contact with other family members or the extended family
- Care of the child or children by persons other than the holders or parental responsibilities

- Guidance of child’s or children’s behaviour in manner consistent with the objects of the Act
- Accommodation of special needs of child or children
- Obligation to notify the Family Advocate or Court of change of address or other contact details of holder of parental responsibilities
- Obligation to notify Family Advocate or Court of change of address or other contact details of child or children
- Procedure to be followed if there is a material change in circumstances
- Any other matter

Part F: Views of the child

Has information about the contents of this parenting plan been furnished to the child or children, bearing in mind the child or children’s age, maturity and stage of development? -----

Has the child or have the children been given an opportunity to express their views, and have these views been given due consideration? -----

Date

**Signature of Holder
of parental responsibilities and rights**

**Signature of Holder
of parental responsibilities and rights**

**Signature of Family Advocate
(where applicable)**

FORM 8
STATEMENT OF OUTCOME OF MEDIATION
(Regulation 12(1), 18(3))
[SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]

File No:

1. I certify that the Section 21(3) mediation between:

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

- 1.(insert name, gender and date of birth)
- 2.(insert name gender and date of birth)
- 3. (insert name, gender and date of birth)

Was resolved -----

----- (give details)

Remains unresolved -----

----- (give details)

2. Copy of parental responsibilities and rights agreement (where applicable): (to be attached)

3.1 Details of family advocate (where applicable)

| |
|----------------|
| Official stamp |
|----------------|

| |
|------------------------------|
| Name of Family Advocate |
| ----- |
| Signature of Family advocate |
| ----- |
| Place |
| ----- |
| Date |

3.2 Details of social worker, social services professional or other suitably qualified person:

- Social worker registered as such at the Social Work Council (give practice number).....
- Psychologist registered to practice at the Medical and Dental Council (give practice number).....
- Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*

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

*Annex supporting documentation where necessary

Full name

Signature

Date

FORM 9
CONFIRMATION OF NON-ATTENDANCE OF MEDIATION
(Regulation 12(2), 18(3))

File No:

I confirm that as regards the Section 21(3) mediation between:

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

- 1.(insert name, gender and date of birth)
- 2.....(insert name gender and date of birth)
- 3..... (insert name, gender and date of birth)

(A) the Respondent was notified of the mediation session to be held on -----(give date and time) by means of:

(B) the Respondent failed to attend the mediation session.

Details of Family Advocate (where applicable)

| |
|-----------------------|
| <p>Official stamp</p> |
|-----------------------|

| |
|---|
| <p>_____ Name of Family Advocate</p> |
| <p>----- Signature of Family advocate</p> |
| <p>----- Place</p> |
| <p>----- Date</p> |

Details of Social worker, social service professional or other suitable qualified person

- Social worker registered as such at the Council for Social Services Professions (give practice number).....
- Psychologist registered to practice at the Medical and Dental Council (give practice number).....
- Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*

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

*Annex supporting documentation where necessary

Full name

Signature

Date

FORM 10

APPLICATION FOR REGISTRATION OF A PARENTING PLAN OR FOR PARENTING PLAN TO BE MADE AN ORDER
OF COURT

(Regulation 14(1))

[SECTION 34(2) OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Particulars of holders of parental responsibilities and rights to whom the attached parenting plan applies

Holder 1.

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email address | |
| Work Address | |
| Work Telephone no | |
| Relationship to child/children | |

Holder 2.

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Holder 3.

| | |
|---------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth/passport no | |
| Residential Address | |
| Home telephone no | |
| Cellphone no | |
| Email address | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Details of further co-holders of parental responsibilities and rights in respect of whom this application applies to be furnished on a separate page and attached to this Form as an annexure.

Part B: Details of child or children in respect of whom parenting plan applies

First Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Second Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Third Child

| | |
|---------------------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth/passport no | |
| Residential address | |
| Contact no | |

Details of additional children in respect of whom application applies to be furnished on a separate page and attached to this Form as an annexure.

Part C: Details of application for registration of parenting plan or for parenting plan to be made an order of court

TO: The Family Advocate/Clerk of the Court/ Registrar of the High Court

Place:

Date:

We,.....

 (initials and surnames)

hereby apply for registration of the attached parenting plan at the Office of the Family Advocate/ hereby apply for the attached parenting plan to be made an order of the honourable court (delete whichever is not applicable).*

 Signed:

 Signed:

Date

* Attach written copy of parenting plan signed by the parties to the agreement/ attach copy of **Form 7**

Part D: [Note to Applicants: This Part to be completed only where a parenting plan has been prepared with the assistance of a family advocate, social worker or psychologist, or after mediation by a social worker or other suitably qualified person in instance where co-holders of parental responsibilities have experienced difficulties in exercising their responsibilities and rights [section 33(2) and (5) of the Children’s Act, 2005]]

Attached to this application is:

Form 6

Form 11

(Tick whichever is applicable)

Signature of applicant

Signature of applicant

Date

FORM 11

**STATEMENT OF FAMILY ADVOCATE, SOCIAL WORKER OR PSYCHOLOGIST THAT PARENTING PLAN PREPARED
AFTER ASSISTANCE**

(Regulation 15(1), (2))

[SECTION 33(2) AND (5) OF THE CHILDREN'S ACT 38 OF 2005]

I(Name and surname)

I(Name and surname)

- Family Advocate at the abovementioned High Court/ Divorce court/children's court
- Social worker registered as such at the Council for social services professions (give practice number.....)
- Psychologist registered to practice at the Medical and Dental Council (give practice number).....

hereby confirm that the parenting plan referred to in **Form 7** between
and

.....

(insert names of parties)

- was prepared after mediation by myself (tick if applicable)
- complies with the best interests of the child/children.....

.....(insert names of child/children)

I confirm that information about the contents of this parenting plan been furnished to the child or children, bearing in mind his, her or their age, maturity and stage of development _____

I confirm that the child or children have been given an opportunity to express their views, and their views have been given due consideration _____

Signed

Date

Particulars of Family advocate (where applicable)

| |
|--------------------------------|
| Official stamp |
|--------------------------------|

| |
|--|
| _____ Name of Family Advocate _____ Signature of Family advocate _____ Place _____ Date |
|--|

FORM 12

STATEMENT OF SOCIAL WORKER OR OTHER SUITABLY QUALIFIED PERSON THAT PARENTING PLAN PREPARED
AFTER MEDIATION

(Regulation 15(3), 18(3))

[SECTION 34(3) OF THE CHILDREN'S ACT 38 OF 2005]

I(Name and surname)

- Social worker registered as such at the Council for social services professions (give practice number.....)
- Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*

.....

.....

.....

.....

.....

*Annex supporting documentation where necessary

hereby confirm that the parenting plan referred to in **Form 7** between
and

.....

(insert names of parties)

was prepared after mediation by myself and that it complies with the best interests of the
child/children.....

..... (insert names of children)

The parties confirm that information about the contents of this parenting plan been furnished to the child or
children bearing in mind the child or children's age, maturity and stage of development -----

The parties confirm that the child or children been given an opportunity to express their views, and have given
these views due consideration-----

Signed

Date

Signature of Parties:

1.....

2.....

FORM 13

**APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /
RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 23(1))

REPUBLIC OF SOUTH AFRICA

(A) NATURE OF APPLICATION

This is an application in respect of:

- A crèche, providing partial care for children from birth to an age of 3 years
- An educare centre, providing partial care for children from 3 years until school going age
- An after school centre, providing partial care for children attending a primary or secondary school
- A private hostel, providing partial care for children attending a primary or secondary school
- A temporary respite care facility, providing temporary full-time partial care during the temporary absence of their parents or a parent or care-giver of a child
- A place of care providing partial care for children with disabilities who require a high level of support

(Indicate the partial care facility or facilities in respect of which application is made)

(B) PARTICULARS OF APPLICATION

Name of partial care facility: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Name of person or body who manages the partial care facility or who wishes to establish it:

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

The number of children that will be accommodated in each category of partial care in respect of which application is made:

(C) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the partial care facility including a copy of any qualification which would enhance partial care of children;
- A report by a social service professional on the viability of the application as prescribed by section 81(1)(c) of the Act;
- a business plan containing the information prescribed by regulation 23(4)(a);
- the constitution containing the information prescribed by regulation 23(4)(b);
- an original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration
- the emergency plan; and
- clearance certificates that the name of the applicant and the names of all staff members do 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 and 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 14

CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION /
REINSTATEMENT OF A PARTIAL CARE FACILITY

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 24(2))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | the following partial care facility has been registered in terms of section 82 of the Act |
| <input type="checkbox"/> | the following partial care facility has been conditionally registered in terms of section 83 of the Act; |
| <input type="checkbox"/> | the registration of the following partial care facility has been renewed in terms of section 82 of the Act |
| <input type="checkbox"/> | the registration of the following partial care facility has been conditionally renewed in terms of section 83 of the Act |
| <input type="checkbox"/> | the reinstatement of the following partial care facility has been approved in terms of section 84 |

on _____ (insert date).

Name of partial care facility: _____

Physical address of partial care facility:

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

The partial care facility is registered subject to the following conditions indicating the maximum number of children that may be accommodated:

| Indicate registration (Yes or No) | Type of partial care facility | Maximum number of children that may be accommodated |
|--------------------------------------|---|--|
| | Crèche | |
| | Educare centre | |
| | After school centre | |
| | Private boarding hostel | |
| | Temporary respite care facility | |
| | Place of care providing partial care for children with disabilities requiring a high level of support | |

PLEASE SEE REVERSE SIDE

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

Provincial Head: Social Development
Municipal Official
Province/Municipality: _____
Date of issue: _____

FORM 15

REFUSAL TO GRANT AN APPLICATION FOR THE REGISTRATION OF A PARTIAL CARE FACILITY

(Regulation 24(4))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

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 OFFICIAL
PROVINCE/ MUNICIPALITY: _____
DATE: _____

FORM 16**AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 86 OF THE ACT IN RESPECT OF A PARTIAL CARE FACILITY****(Regulation 24(5)(a))**

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

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 17

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 24(5)(b))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

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 taken.

FORM 18

**APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /
RENEWAL OF REGISTRATION
OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 30(1))

REPUBLIC OF SOUTH AFRICA

(A)

PARTICULARS OF APPLICATION

Name of applicant: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Physical address; _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

(B)

SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- the programme for early childhood development for partial care or child and youth care centres 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 for registration;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualification in respect of staff that will be responsible to provide the early childhood development programme;
- the financial statements of the partial care facility or youth care centre including an exposition of the funds available for providing the programme as applied for; and
- 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.

(C) **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 19

**CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION
OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 31(1))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

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 _____.

Physical address of partial care facility or child and youth care centre:

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 Official
Province/Municipality: _____
Date of issue: _____

FORM 20

REJECTION OF AN APPLICATION FOR THE REGISTRATION OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 31(4))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

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 OFFICIAL
PROVINCE/ MUNICIPALITY: _____
DATE: _____

FORM 21

AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 101 OF THE ACT
IN RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 31(5)(a))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

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 22**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 31(5)(b))**

REPUBLIC OF SOUTH AFRICA

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 23

QUALITY ASSURANCE REPORT

(Regulation 33(5))

Name of Department of Social Development official:

Date of visit:

(A) CENTRE DETAILS

Name of ECD Centre:

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:

Kitchen workers:

Gardeners:

Caretakers/security:

Cleaners:

Other (specify):

(C) **CHILDREN**

Number of children registered:

Number of children present on day of review:

| Age | Girls | Boys | Total |
|-------------|-------|------|-------|
| 0 – 2 years | | | |
| 2 – 3 years | | | |
| 3 – 5 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

Menus 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) **PREMISES AND EQUIPMENT****Toilet facilities:**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Number of toilets/potties:

Comments:

Hand washing facilities:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Kitchen facilities:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Outside area:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Outside play equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Fencing

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Other e.g. swimming pool

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Management of pets

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

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 24

REQUEST FOR REMOVAL OF ALLEGED OFFENDER FROM PLACE OF RESIDENCE

(Regulation 39)

[SECTION 110 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 SEXUAL ABUSE, DELIBERATE NEGLECT OR ABUSE IN A MANNER CAUSING PHYSICAL INJURY
OF CHILD FOR INCLUSION IN PART A OF NATIONAL CHILD PROTECTION REGISTER****(Regulation 38, 44(1)(b))****[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

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

Dear Sir / Madam

Pursuant to section 110 of the Children's Act, 38 of 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that we have received a report by an informant that a child has been sexually abused/deliberately neglected/abused in a manner causing physical injury.* Kindly include the particulars listed below in Part A of the National Child Protection Register.

(* - delete which is not applicable)

The information has been provided to us by an informant in good faith after examining, attending or dealing with the child concerned in circumstances giving rise to the suspicion that the child has been ill-treated, or suffers from injury, single or multiple, the cause of which probably might have been deliberate.

| 1. CHILD: (COMPLETE PER CHILD) | | | | |
|--------------------------------|---------|-------------|---|---|
| Full name(s) | Surname | Gender | | Date of birth: Age / estimated age: ID no:*\br/>Passport no:* |
| | | M | F | |
| School Name | Grade | Disability* | | Chronic illness* |

| 2. ALLEGED PERPETRATOR (COMPLETE PER PERPETRATOR): | | | | | |
|--|--------------------------------------|---|-------------------------------------|---------------------------------------|-----|
| Full name(s) | Surname | Gender: | | Date of birth | Age |
| | | M | F | | |
| Also known as* | Relationship to child: | | | | |
| Physical address (include postal code) | <input type="checkbox"/> Father | | <input type="checkbox"/> Mother | | |
| | <input type="checkbox"/> Grandmother | | <input type="checkbox"/> Stepfather | | |
| <input type="checkbox"/> Stepmother | | <input type="checkbox"/> Grandfather | | | |
| <input type="checkbox"/> Foster father | | <input type="checkbox"/> Sibling | | | |
| <input type="checkbox"/> Foster mother | | <input type="checkbox"/> Uncle | | | |
| <input type="checkbox"/> Aunt | | <input type="checkbox"/> Caregiver | | | |
| <input type="checkbox"/> Other (specify) | | | | | |
| WHEREABOUTS OF ALLEGED PERPETRATOR: | | | | | |
| <input type="checkbox"/> Still in home | | <input type="checkbox"/> In hospital (Address.....) | | | |
| <input type="checkbox"/> Child still in her/his care | | <input type="checkbox"/> In prison (Place.....) | | | |
| <input type="checkbox"/> Living somewhere else | | <input type="checkbox"/> Whereabouts unknown | | <input type="checkbox"/> Unidentified | |

| 3. PARENTS OR CARE-GIVER OF CHILD (IF OTHER THAN ABOVE) | | | |
|---|---------------------|--|--|
| 3.1) Full name(s) | Surname | | Names and ages of siblings or other children if helpful for tracking |
| Also known as* | Gender: M F | | Age: ID no: |
| | | | |
| Physical address (include postal code) | | | |
| 3.2) Full name(s) | Surname | | Names and ages of siblings or other children if helpful for tracking |
| Also known as* | Gender: M F | | Age: ID no: |
| | | | |
| Physical address (include postal code) | | | |

| 4. PERSONS WITH WHOM CHILD WAS LIVING AT TIME OF INCIDENT (IF OTHER THAN ABOVE) | | | |
|---|---------------------|--|-----|
| 4.1) Full name(s) | Surname | | |
| Also known as* | Gender: M F | | Age |
| | | | |
| Physical address (include postal code) | | | |
| 4.2) Full name(s) | Surname | | |
| Also known as* | Gender: M F | | Age |
| | | | |
| Physical address (include postal code) | | | |

| | |
|--|--|
| | |
|--|--|

| 5. NATURE AND ACCOUNT OF INCIDENT | | | | |
|---|--------------|------------------------------|--|------|
| Date of Incident | Date unknown | Episodic/ongoing from (date) | Date reported to social development or child protection organisation | |
| Place of incident: <input type="checkbox"/> Child's home <input type="checkbox"/> Other (specify) <input type="checkbox"/> Field <input type="checkbox"/> Institution, centre, facility or shelter (specify name and address) | | | | |
| Source of report (do not identify person) <input type="checkbox"/> Victim <input type="checkbox"/> Relative <input type="checkbox"/> Professional (specify) <input type="checkbox"/> Parent <input type="checkbox"/> Neighbour/friend <input type="checkbox"/> Other (specify) | | | | |
| 5.1) TYPE OF ABUSE | | | | |
| Physical | Emotional | Sexual | Deliberate neglect | |
| 5.2) INDICATORS (CHECK ANY THAT APPLY) | | | | |
| <input type="checkbox"/> Abrasions <input type="checkbox"/> Fractures <input type="checkbox"/> Pregnancy <input type="checkbox"/> Withdrawal <input type="checkbox"/> Cuts <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Anxiety <input type="checkbox"/> Development Delays <input type="checkbox"/> Welts <input type="checkbox"/> Malnutrition <input type="checkbox"/> Depression <input type="checkbox"/> Bruises <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> No visible injuries (elaborate) <input type="checkbox"/> Other physical illness <input type="checkbox"/> Irritation, pain, injury to genital area <input type="checkbox"/> Self destructive aggressive behaviour <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify) <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify) <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Other behavioural or physical (specify) | | | | |
| Indicate overall degree of abuse: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe | | | | |
| Brief explanation of occurrence(s) (including a statement describing frequency and duration – attach separately if required) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5.3) PREVIOUS HISTORY OF ABUSE* | | | | |
| <input type="checkbox"/> None <input type="checkbox"/> Suspected <input type="checkbox"/> Proven <input type="checkbox"/> Unknown | | | | |
| If YES: Indicate type of previous abuse | | | | |
| Physical | Emotional | Sexual | Deliberate neglect | Date |
| Previous CPR number: | | | | |

| 6. ACTION TAKEN ON BEHALF OF CHILD | |
|--|---|
| <input type="checkbox"/> Treated outside hospital Examined by: <input type="checkbox"/> Physician <input type="checkbox"/> Reg. Nurse <input type="checkbox"/> Other (specify) Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety | Contact person trusted by child: Name Address Telephone number |
| Child interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No | Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number : |

| 7. CHILDREN'S COURT INTERVENTION | | |
|--|------------------|------|
| Form 38 issued: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: | | |
| Children's Court Opening: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Court | Reference Number | Date |
| Placed in temporary safe care: <input type="checkbox"/> Yes <input type="checkbox"/> No Date | | |
| Other (specify): | | |

| 8. SAPS: (ACTION RELATED TO ALLEGED PERPETRATOR) | | | | |
|---|----------------|---|---|-------------------------|
| Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date | | | | |
| CAS NR | Police station | Telephone no | Name of police official | Rank of police official |
| 8.1) 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 | |
| 8.2) Perpetrator 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 | |

| 9. CHILD KNOWN TO WELFARE ORGANISATION/SOCIAL DEVELOPMENT? | | |
|--|----------------|------------------|
| 9.1) Child known to welfare?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of organisation | Contact number | Reference number |

| 10. INFORMANT DETAILS | | | | | | |
|-----------------------|--|---------|--------------------|-------|---------------------------------|--------|
| Name of informant | | | | | | |
| Employer | | | | | | |
| Employer address | | | | | | |
| Work telephone no | | | | | | |
| Fax number | | | | | | |
| CAPACITY | Social Worker | Teacher | Doctor | Nurse | Caregiver | Police |
| | Therapist | | Other professional | | Traditional health practitioner | |
| | Employee of : <input type="checkbox"/> Shelter <input type="checkbox"/> Centre <input type="checkbox"/> Facility | | | | | |
| | Other (specify): | | | | | |

(* - if available or applicable)

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

Name of person doing the notification:

Signature:

Capacity / rank:

Name and address of Department of Social Development / Child Protection Organisation:

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

Name of contact person:

Tel no:

Email address:

Date:

| |
|--|
| Official stamp of Department / Organisation: |
|--|

FORM 26

**NOTIFICATION OF CONVICTIONS OR FINDINGS OF ABUSE OR DELIBERATE NEGLECT OF CHILDREN FOR
INCLUSION IN PART A OF NATIONAL CHILD PROTECTION REGISTER**

(Regulation 44(2)(b))

[SECTION 114 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 114(1)(b) and (c) of the Children's Act, 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:

Full names and surname of child:

Physical address of child:

Identification number of child:*

Passport number of child:*

Age or estimated age of child:

Gender of child:

Disability of child and its nature:*

Chronic illness of child and its nature:*

(* - where available or applicable)

FOR COMPLETION IN CASE OF CONVICTION (Section 114(1)(b)):

Full names and surname of convicted person:

He or she is also known as:*

Physical address of convicted person:

Occupation of convicted person:

Identification number of convicted person:*

Passport number of convicted person:*

Driver's license number of convicted person:*

Prisoner identification number of convicted person:*

Name and address of court in which trial took place:

Brief account of charge and conviction:

.....

.....

.....
.....

Place and date of offence:

Sentence imposed:

Date of conviction:

Case number:

(* - where available or applicable)

An appeal against or review of the conviction (mark with an "x") –

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

FOR COMPLETION IN CASE OF FINDING OF CHILDREN'S COURT (Section 114(1)(c)):

Full names and surname of parents / caregiver of child:

Physical address of parents / caregiver:

Identification number of parents / caregiver:

Name and address of children's court in which finding was made:

Brief summary of reasons for finding:

Information on outcome of finding (nature of order made by children's court in terms of section 156 of the Act):

Brief summary of services rendered to child as per social worker's / other professional's report:

Date of finding:

Case number:

The following additional information is attached (if available):

- identifying photograph of child
- report by social worker / other professional
- court order

Yours sincerely

(Signature of registrar or clerk of the court)

(Date)

Postal address of court:

.....

.....

.....

.....

FORM 27

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

(Regulation 45(1)(d))

[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 or passport)
- 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 inquiry within 21 working days.

My postal address is:

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

My other contact details (telephone numbers or email address) are:

.....
.....

Yours sincerely

(Signature)

(Date)

FORM 28

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

(Regulation 48)

[SECTION 122 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 122 of the Children's Act, 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:

Full names and surname:
He / she is also known as:*
Last known physical address:
.....
Identification number:*
Passport number:*
Driver's license number:*
Prisoner identification number:*
Name and address of court or forum which made finding of unsuitability:
.....
Reasons (brief) why person found to be unsuitable to work with children:.....
.....
.....
.....

Particulars of offence:*
Sentence imposed:*
Date of conviction or finding:
Case number:*
(* - if applicable)

The following additional particulars are attached (mark with an "x"):

- fingerprints of person*
 - photograph of person*
 - court order*
 - minutes of administrative forum*
- (* - if available or applicable)

An appeal against or review of the finding (mark with an "x") –

- 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.

Yours sincerely

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

(Date)

Postal address of court or forum:

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

FORM 29

INQUIRY BY EMPLOYER TO ESTABLISH IF CERTAIN NAME IS INCLUDED IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 50(1)(a))

[SECTION 126(1) and (2) 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(1) / 126(2)* of the Children's Act, 38 of 2005, I / we* wish to inquire whether the name of a certain person is included in Part B of the National Child Protection Register. The particulars of this person are the following:

(* - Delete which is not applicable)

Full names and surname:

He / she is also known as:*

Physical address:

Postal address:

Identification number:*

Passport number:*

Driver's license number:*

Telephone number(s):

Other relevant contact details:*

(* - if available or applicable)

The above-mentioned person will be / is currently* employed in the following position:

(* - Delete which is not applicable)

The following documents are attached (mark with an "x"):

- authentic signed letterhead of employer or prospective employer
- certified copy of birth certificate, identity document or passport of person who signed letterhead

My / our* details are the following:

(* - Delete which is not applicable)

Employer's name or name of business:

Employer's physical address:

Employer's postal address:

.....
Employer's telephone number(s):
Other contact details:

Please note that section 126(5)(a) of the Act (in the case of prospective employers) requires you to respond to this inquiry within 21 working days, and within six months (in the case of existing employers) in terms of section 126(5)(b).

Yours sincerely

(Signature of person who signed letterhead)

(Date)

FORM 30

INQUIRY BY PERSON TO ESTABLISH IF HIS / HER NAME IS INCLUDED IN **PART B** OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 50(1)(b))

[SECTION 126(3) 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(3) 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
- other

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

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

Please note that section 126(5)(c) of the Act requires you to respond to this inquiry within 21 working days.

My postal address is:

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

My physical address is:

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

Yours sincerely

(Signature)

(Date)

An affidavit setting out the grounds for this application is also attached.

My postal address is:

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

My physical address is:

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

Other contact details:

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

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 51(4))

[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 53(1))

[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 perform 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

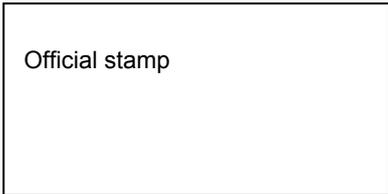
.....

Signature

.....
Full name

.....
Designation

.....
Date



FORM 34
CONSENT TO SURGICAL OPERATION BY A CHILD
(Regulation 54(1), (2))
[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 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 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 WHO IS AGED BELOW 18 YEARS

(Regulation 55(2))**[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* | |

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

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 below)

.....

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 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.....

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**INTERIM AUTHORITY FOR PLACEMENT OF CHILD IN TEMPORARY SAFE CARE****(Regulation 59(1), 63(4)(a), 88(1))****[SECTIONS 150 – 152 OF THE CHILDREN'S ACT 38 OF 2005]**

REPUBLIC OF SOUTH AFRICA

| | |
|--|--|
| TEMPORARY SAFE CARE FACILITY | |
| Temporary safe care facility where child is to be placed | |

| |
|--------------------------|
| INTERIM AUTHORITY |
|--------------------------|

Interim 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 | DATE OF BIRTH/ ESTIMATED AGE |
| | | |
| | | |
| | | |
| | | |
| | | |

| |
|-------------------------------------|
| 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 |

| MARK | SECTION OF ACT | REASONS FOR REMOVAL |
|------|----------------|---|
| | 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 |
| | 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 | | |
| PERSAL number | | |
| Social worker / police official / authorised person | | |
| Work address | | |
| 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 FACILITY | | | |
| 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 38** court order within the applicable time limits:

| | |
|--|-----------------------------------|
| Parent(s), guardian or 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/children 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 jeopardise the child's safety and well-being; and
- Removal is the best way to secure the child's safety and well-being.

FORM 37

**REQUEST FOR REVIEW OF PLACEMENT OF CHILD IN TEMPORARY SAFE CARE
(Regulation 59(1), 63(4)(a), 88(1))
[SECTION 152(2) AND (3) OF THE CHILDREN'S ACT 38 OF 2005]**

REPUBLIC OF SOUTH AFRICA

TO: THE CHILDREN'S COURT FOR THE DISTRICT
OF

FROM:
.....
.....
.....

PLACEMENT OF THE FOLLOWING *CHILD/CHILDREN UNDER ATTACHED FORM 36:

| NAME(S) OF CHILD/CHILDREN |
|---------------------------|
| |
| |
| |
| |
| |
| |

I HEREBY CONFIRM THAT:

1. The above-mentioned child/children who *resides/happens to be in the magisterial district of *was/were removed personally by me on (date) *from/at to (temporary safe care) *with/without a court order in terms of section *47(3)/151(2)/152(1) of the Children's Act 38 of 2005, to which authority in the form of the attached **Form 36** was granted for the placement of the *child/children.

Mark with an "x":

- The *institution/person where child is to be placed in temporary safe care is *suitable/willing to receive the *child/children.
- The *institution/person where child is to be placed in temporary safe care is *registered/unregistered to receive the *child/children.
- The payment of a temporary safe care fee is *recommended/not recommended.
- The *child/children *has/have the following special needs:
.....
.....

2. I have informed the *parent/guardian/care-giver of the *child/children and/or the *person/institution in whose custody the *child/children *was/were of this removal by *giving/sending a copy of a **Form 36** authority as a notice to *him/her and advised *him/her that the

placement of the *child/children will be reviewed by the children's court on at and that further information may be furnished to the presiding officer should *he/she/they so choose.

I have not informed the *parent/guardian/care-giver of the *child/children and/or the *person/institution in whose custody the *child/children *was/were of the removal since *he/she/they *is/are *deceased/could not readily be traced.

3. Attached, in the form of a *statement/affidavit/report, is further information and my recommendation for consideration by the presiding officer. A copy thereof *has/has not been *handed/posted to the *parent/guardian/care-giver of the *child/children and/or the *person/institution in whose custody the *child/children *was/were.

I have no other information to furnish at this stage.

Police Official/Social Worker/Authorised Person

.....

NOTE

Copy of this Form not to be handed to parent/guardian/care-giver of child/children or person/institution in whose custody child/children was/were

(*) Delete which is not applicable

FORM 38
PLACEMENT IN TEMPORARY SAFE CARE ORDER BY CHILDREN'S COURT
(Regulation 59(4)(b), 88(1))
[SECTION 151(2) OF THE CHILDREN'S ACT 38 OF 2005]

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT

OF

HELD AT

TO: (Place where child is to be placed in temporary safe care)

YOU ARE HEREBY ORDERED *to admit/to receive/to continue to receive the child/children mentioned below in terms of section *47(3)/151(2)/152(1) of the Children's Act, 2005 until (date) or until an order of release or variation is issued earlier by the court.

| Name(s) of child/children | Gender | Date of birth / Estimated age | Date of admission |
|---------------------------|--------|-------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- The interim authority for placement (**Form 36**) dated is confirmed with effect *from date of admission/from
- The reason(s) for *admission/placement/continued placement is/are
- SPECIAL REQUIREMENTS determined by court:

NOTE
 Release order is required for removal of the child/children from the aforesaid placement

A temporary safe care fee is *payable/not payable to you.

Given at this day of

.....

Presiding Officer

| |
|--|
| <p>COPY TO: DESIGNATED SOCIAL WORKER</p> <p>Organisation/agency/department:</p> <p>Address:</p> <p>.....</p> <p>Tel. no.:</p> |
|--|

(*) Delete which is not applicable

FORM 39

**NOTICE TO PARENT, GUARDIAN OR CARE-GIVER OF A CHILD TO ATTEND
CHILDREN'S COURT AND TO BRING CHILD BEFORE COURT
(Regulation 60(2), (3))**

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT
OF
HELD AT

IN THE MATTER OF A DECISION in terms of the Children's Act, 2005, in respect of the following
*child/children:

| NAME(S) OF CHILD/CHILDREN | GENDER |
|---------------------------|--------|
| | |
| | |
| | |
| | |

TO: (*name of parent/guardian/care-giver)
(address):

TAKE NOTICE that a decision in terms of section 155 of the said Act will be considered before this Court at on the day of in respect of the above-mentioned *child/children.

YOU ARE HEREBY ORDERED TO (mark with an "x") –

- attend the proceedings where the decision will be considered at the place and time indicated above and to remain in attendance until its conclusion or until excused by the court;
- bring the said *child/children before the court at the time and place indicated above, unless the child had been placed in temporary safe care, in which case the child will be taken to court by another person.

TO ENABLE THE COURT TO DETERMINE WHETHER OR NOT THE CHILD/CHILDREN IS/ARE IN NEED OF CARE AND PROTECTION AS DESCRIBED IN SECTION 150 OF THE SAID ACT.

Should legal representation be required it is recommended that this be timeously arranged.

NOTE

If you fail to attend the proceedings or to remain in attendance during the proceedings or to bring the *child/children to the court, the court may issue a warrant for your arrest and in a summary manner inquire into your failure to attend or to remain in attendance or to bring the *child/children and, unless you satisfy the court that your failure was not due to fault on your part, sentence you to a fine or imprisonment not exceeding two years or to both a fine and imprisonment.

Dated at this day of

.....

Clerk of the Court

Received a true copy hereof

.....

Signature of parent/guardian/care-giver

Date:

(* Delete which is not applicable

FORM 40

SECTION 155(2) REPORT BY DESIGNATED SOCIAL WORKER TO BE CONSIDERED BY CHILDREN'S COURT

(Regulation 61(1)(a))

[SECTION 155(2) OF THE CHILDREN'S ACT 38 OF 2005]

File no. Court file no.

Department of or Welfare Organisation

| |
|--|
| <p>PROFESSIONAL REPORT</p> <p>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)

.....

.....

.....

.....

.....

.....

.....

.....

.....

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):

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

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

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

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

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

Other persons living with family (names, ages and relationship to child/children):

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

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

E. FAMILY PROFILE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial aspects (income and expenditure of parents):

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

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):

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

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):

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

G. SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Abandoned or orphaned children (discuss circumstances):

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

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)

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

I. FACTORS RESULTING IN INVESTIGATION

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

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

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):

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

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

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

..... (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)

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

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

- counselling
 - 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.....
-

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

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 care-giver 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

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

- be placed under the guardianship of relatives

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

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

- 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:.....

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

FORM 41

APPLICATION FOR EXTENSION OF PLACEMENT IN ALTERNATIVE CARE BEYOND 18 YEARS OF AGE

(Regulation 69(1))

[SECTION 176 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Head of the Provincial Department of Social Development

..... (Province)

..... (Address)

.....

.....

Dear Sir / Madam

In terms of section 176 of the Children's Act, 38 of 2005, I

..... (full names and surname) wish to apply for an extension of the period for which I have been placed in alternative care until the completion of my education or training. I understand that I may not continue to reside in alternative care beyond the end of the year in which I reach the age of 21 years. A certified copy of one of the following documents is attached as verification of my identity and proof of age (mark with an "x"):

- Birth certificate (only if not in possession of identity document or passport)
- Identity document
- Other

I am currently placed in alternative care with the following person/place/centre/facility/premises*:

..... (name)

..... (address)

.....

.....

.....

.....

..... (contact person)

..... (tel. no.)

Date on which placement in alternative care is due to expire:

Nature of alternative care (mark with an "x"):

- Foster care
- Child and youth care centre

The following documents are attached in support of my application:

- An originally signed letter from my current alternative care-giver to the effect that he/she/they* is/are* willing and able to care for me; and

- An originally signed letter from the head of my education or training facility indicating that I have the capability to complete my education or training.

(* - delete which is not applicable)

I declare that my continued stay in alternative care is necessary to enable me to complete my education or training.

My postal address is:

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

My other contact details (telephone numbers or email address) are:

.....
.....

Yours sincerely

(Signature of applicant)

(Date)

FORM 42

CONSENT TO APPLICATION FOR A PASSPORT FOR A FOSTER CHILD/REMOVAL OF A FOSTER CHILD FROM THE REPUBLIC

(Regulation 71(4)(b), 71(5))

Reference no: _____

Particulars of foster child in respect of whom permission is sought

| | |
|---------------------------|--|
| Full name of child | |
| Date of birth | |
| ID number | |
| Address of child | |
| Contact details | |
| Age of child | |
| Name of foster parent | |
| ID Number/Passport number | |
| Address | |
| Telephone number | |
| Cell phone number | |

Details regarding foster child's parent(s)/guardian, if whereabouts known

| | | | | |
|-------------------------|--|--|--|--|
| Name of parent/guardian | | | | |
| Address | | | | |

Reasons for application for passport/consent to remove child from the Republic*

*provide detailed reasons motivating the application, and indicate if whereabouts of parents are unknown

Date of application _____

Signature of applicant _____

Name _____

By virtue of powers vested in the MEC, Social Development and delegated to the undersigned, and whereas the said foster child is currently under the foster care of (insert name) and being satisfied that sound reasons for granting permission to apply for a passport exist/ the removal of the child from the Republic is necessary, hereby give consent in terms of regulation 71(4)(b).

Consent to apply for passport _____ AND /OR

Consent to travel to _____

Consent valid from _____ until _____ (if applicable)

Given at _____ on _____

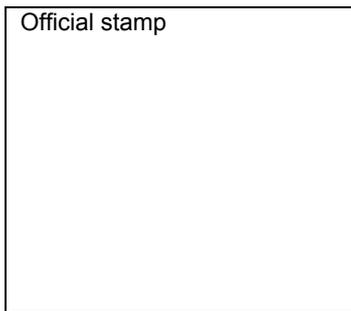
Name of officer _____

Rank _____

Signature _____

Date _____

Official stamp

A rectangular box with a thin black border, intended for an official stamp. The text "Official stamp" is printed in the top-left corner of the box.

FORM 43

**STATEMENT BY A FOSTER PARENT REGARDING THE ADOPTION OF A CHILD IN HIS OR HER FOSTER CARE
(Regulation 73(2), 112(3)(b))**

Note: Separate form must be used for each child.

TO: THE CLERK OF THE CHILDREN'S COURT FOR THE DISTRICT
OF.....HELD AT

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I/We (1) (full names)

(2) (full names).....

Id number (1).....(2).....

And residing at:.....

Being the foster parent(s) of the child.....

(full names of child)

Date of birth/ID number of child.....

Relationship to child if applicable (grandmother, aunt, cousin etc).....

Hereby state that:

- I/We have been informed of a pending application to adopt the aforementioned child; and
- I/We do not wish to submit an application to adopt the child concerned

(mark appropriate box with an X)

Foster parent 1

Foster parent 2

Place:.....

Date:.....

FORM 44**FOSTER CARE PLAN****(Regulation 75(2), 80(2))****[SECTION 188(1)(e) OF THE CHILDREN'S ACT 38 OF 2005]**

Note: if more than one child in a family is to be placed with one foster parent, only one agreement needs to be completed in respect of all of the children

Part A: Particulars of biological parent(s) or guardian(s)*Parent 1.*

| | |
|--------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth | |
| Residential Address | |
| Contact no | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Parent 2.

| | |
|--------------------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth | |
| Residential Address | |
| Contact no | |
| Work Address | |
| Work telephone no | |
| Relationship to child/children | |

Details of further family members or persons having an interest in the wellbeing of the child or children must be furnished on a separate page and attached to this **Form** as an annexure.

Part B: Details of foster parent/cluster foster care scheme

Foster parent*

| | |
|---------------------|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth | |
| Residential Address | |
| Contact no | |
| Work Address | |
| Work telephone no | |

*If applicable

Cluster foster care scheme*

| | |
|--|--|
| Name of scheme | |
| Address of scheme | |
| Name of nonprofit organisation which registered the cluster foster care scheme | |
| NPO number | |
| Representative of the scheme (name) | |

*If applicable

Details of designated child protection agency / designated social worker/ (tick where appropriate)

| | |
|--|--|
| Surname | |
| Full Names | |
| ID No/Date of Birth | |
| Name of agency | |
| NPO number/registration number where applicable) | |
| Residential Address | |
| Contact no | |
| Work Address | |
| Work telephone no | |

Part C: Details of child or children in respect of whom foster care plan has been concluded

Details of child

| | |
|---------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth | |
| Residential address | |
| Contact no | |

Second Child

| | |
|---------------------|--|
| Surname | |
| Full names | |
| ID No/date of birth | |
| Residential address | |
| Contact no | |

Details of additional children in respect of whom this co-operation agreement applies must be furnished on a separate page and attached to this Form as an annexure.

Part D: Details of responsibilities and rights in respect of child in foster care and services to be provided

D. 1 Please provide details concerning the day to day care of the child by the foster parent(s) and/or the exercise by the foster parent(s) of parental responsibilities in respect of the child

.....

.....
.....

D.2 Please provide details of matters on which the biological parent(s) or guardians must be consulted or may be required to provide their consent

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

D. 3 Contact

Please provide details concerning any agreed contact by biological parents or family members or other persons having an interest in the child in foster care

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

D. 4 Particulars as to the reunification services to be provided by the designated social worker or designated child protection agency and the role and responsibilities of biological parents and foster parents in relation to such services

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

D.5 Particulars as to financial contributions to the child's maintenance and upbringing or schooling by the parent/guardian

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

D.6 Particulars as to the supervision and monitoring services to be undertaken by the designated social worker/designated child protection organisation

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

Part E: Any additional information

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

Part F: Views of the child

Has the child or have the children who is of sufficient age and maturity been given an opportunity to express their views in the formulation of this foster care plan, and have these views been given due consideration? Y/N

Date

Name of biological parent..... of biological parent.....

Signature of biological parent/family member/person having an interest in the well being of the child

Name of foster parent.....

Signature of foster parent.....

Name of designated social worker.....

Signature of designated social worker or representative of designated child protection agency.....

F. Order of Court (where applicable)

I.....(insert name) presiding in the children court
at.....(insert place).....hereby make the contents of this
foster care plan an order of the court.

Signed
Date



FORM 45**APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME****(Regulation 76(1))****REPUBLIC OF SOUTH AFRICA****[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]**

Reference no: _____

(A) PARTICULARS OF APPLICANT

Name of applicant: _____

NPO number: _____

Physical address: _____

Postal address: _____

Postal code: _____

Physical address: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

Names of Office

Bearers _____

**(B) PARTICULARS OF THE CLUSTER
FOSTER CARE SCHEME**

Name of cluster foster care scheme _____

Physical address: _____

Postal address _____

Geographical area/locality in which cluster foster care scheme will operate

Names of office bearers of cluster foster care scheme (if applicable)

(B) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- A description of the manner in which the cluster foster care scheme will provide services, programmes and support to children and to the active members of the organisation who are to be assigned responsibility for the foster care of such children
- Details of the number of children the scheme proposes to receive, the numbers of active members that it is proposed will provide foster care, and the proposed allocation of children to active members who will be assigned responsibility for their foster care
- Any additional details concerning the children the cluster foster care scheme will receive (eg special needs, language or culture)
- Details of the proposed management of the scheme, including financial management, the manner in which foster parents will be recruited, the voluntary or paid nature of their involvement in the scheme, and where appropriate, the conditions of their employment
- Details concerning the employment of a social worker(s) or particulars of the formal agreement with a designated child protection organisation to provide child protection services

- a clearance certificate that the name of the applicant and any office bearers referred to in this application do 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 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.
- Evidence of skills, qualifications and prior experience of the applicant in the field of child care and development

(C)

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 46

CERTIFICATE OF REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 76(3))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

It is hereby certified that the following cluster foster care scheme _____
managed or operated by _____ (insert name of nonprofit organisation
managing or operating the cluster foster care scheme

on _____ (insert date).

Physical address of nonprofit organisation :

Physical address of cluster foster care scheme :

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

FORM 47

REFUSAL TO GRANT AN APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 76(5))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of applicant: _____

Name of cluster foster care scheme: _____

Physical address of applicant: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: _____

DATE: _____

FORM 48

AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN RESPECT OF A CLUSTER FOSTER CARE SCHEME

(Regulation 76(6))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of appellant: _____

Name of cluster foster care scheme: _____

Physical address of appellant: _____

This is an 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 the refusal of registration of a cluster foster care scheme.

- 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.

APPELLANT

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 49

NOTICE OF DEREGISTRATION OF CLUSTER FOSTER CARE SCHEME

(Regulation 76(9))

Reference No: _____

TO:

Name of nonprofit organisation

Physical Address

Name of cluster foster care scheme:

Physical address

I, by the authority vested in me by the Children Act, 2005, hereby give 60 days notice, which expires on _____ that the registration of the above-named cluster foster care scheme will be withdrawn, and must thereafter cease operating as a foster placement for children.

Provincial Head: Social Development

Province: _____

Date of issue: _____

FORM 50
ANNUAL REPORT OF CLUSTER FOSTER CARE SCHEME
(Regulation 77(2))

Reference no: _____

TO: _____
Provincial Head: Social Development
Province: _____
Date _____

(A) PARTICULARS OF SCHEME AND NON-PROFIT ORGANISATION

Name of cluster foster care scheme _____

Address of cluster foster care scheme _____

Contact details _____

Name of nonprofit organisation managing or operating cluster foster care scheme _____

Physical address of nonprofit organisation _____

(B) SUPPORTING DOCUMENTS

- Please attach financial report for the year detailing income received and expenditure incurred
- Please attach description of number of children placed in the foster care scheme, the duration of their placement, the number of active members providing foster care, and manner in which cluster foster care scheme operates, details of child protection services rendered to children in the scheme
- Please attach details of programmes delivered to children or to active members providing foster care
- Please attach details of provision of any services to children with special needs

(C) GENERAL REMARKS

Any additional achievements made or challenges experienced

Signature

Date

Name

Capacity

FORM 51

NOTICE OF DEATH OF CHILD IN FOSTER CARE

(Regulation 81(2))

Reference no: _____

TO: _____
Provincial Head: Social Development
Province: _____
Date _____

I _____ (insert name) in my capacity as

- Designated social worker
- Foster parent
- Manager/operator of a cluster foster care scheme
- Other*

[please provide details]

Hereby given notice as required by regulation 81(1) issued under section 190 of the Children's Act of the death of foster child _____ (insert child's name) _____ (insert date of birth/identification number/passport number) on _____ (insert date).

Possible cause of death:

- Natural causes
- Unnatural causes*

(Give brief details)

Name of person reporting: _____

ID Number/ passport number/ date of birth: _____

Physical address: _____

Contact details: _____

Signature

Date

FORM 52

**CHILD AND YOUTH CARE CENTRES: NOTICE OF MOVEMENT OF A CHILD
(Regulation 91)**

REPUBLIC OF SOUTH AFRICA

The Provincial Head of Social Development

CHILD:

CHILD AND YOUTH CARE CENTRE:

MY REFERENCE NUMBER:

YOUR REFERENCE NO.:

Please note that the said child (insert only the particulars that are applicable)—

- Was admitted to this child and youth care centre in terms of section 158 of the Children’s Act 38 of 2005, and relevant section of the Criminal Procedure Act 51 of 1977, on
- was transferred from to this child and youth care centre on
- was on leave of absence from up to and including.....
- was re-admitted to their child and youth care centre on because *his/her leave of absence was cancelled
- absconded on and by date hereof has not yet been readmitted to this child and youth care centre
- failed to return to this child and youth care centre after expiry of his/her leave of absence on
- was admitted to a hospital on and by date hereof has not yet been re-admitted to this child and youth care centre
- was transferred from this child and youth care centre to on
- was discharged from this child and youth care centre on
- has been absent since because

Manager of Child and Youth Care Centre

Date:

Address:.....

Insert X in appropriate block/*Delete whichever is not applicable

FORM 53**APPLICATION FOR THE REGISTRATION / RENEWAL OF REGISTRATION
OF A CHILD AND YOUTH CARE CENTRE**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 92(1))

REPUBLIC OF SOUTH AFRICA**(A) PARTICULARS OF APPLICANT**

Name of child and youth care centre: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Name of person or body who manages the child and youth care centre or who wishes to establish it:
_____Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

Accreditation reference number: _____

(B) MANAGEMENT BOARD

Constitution of the management board:

Chairperson : _____

Vice-chairperson : _____

Secretary : _____

Treasurer : _____

Member : _____

Member : _____

Member : _____

Member : _____

Committees (state nature and number of members):

(a) Nature : _____ Number: _____

(b) Nature : _____ Number: _____

(c) Nature : _____ Number: _____

(d) Nature : _____ Number: _____

Auditors

Name : _____

Address : _____

Telephone number : _____

Registration number : _____

(C) STAFF

Staff provision (names of incumbents not required)

| Designation | Sex | Salary or remuneration | Skills, qualifications and experience |
|-------------|-----|------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

(Further particulars must be furnished in an annexure)

If disabled children or children with special needs are to be catered for state the proposed staff provision:

(D) BUILDINGS, SITE AND EQUIPMENT

Extent of premises: _____

Extent of buildings: _____

Extent of playgrounds: _____

Rooms and amenities for use by children:

| Type | Number | Floor space |
|-----------|--------|-------------|
| Bedrooms: | | |
| Boys | | |
| Girls | | |

| | | |
|-----------------------------|--|--|
| Dining room | | |
| Kitchen | | |
| Bathrooms Boys Girls | | |
| Washbasins Boys Girls | | |
| Showers Boys Girls | | |
| Toilets Boys Girls | | |
| Recreation rooms | | |
| Isolation room | | |
| Others | | |

Are all the rooms properly furnished according to community practices and standards:

State what provisions has been made for recreation:

Indoors: _____

Outdoors: _____

(E) CHILDREN

Provide details regarding the programme or programmes to be offered: _____

Total number of children that will be accommodated: _____

Boys: _____

Girls: _____

Particulars of children (reply yes or no):

Destitute and neglected children:

Abused children:

Children with substance abuse challenges:

Children with behaviour challenges:

Children with developmental ior psychological disabilities:

Children with physical disabilities (also state nature);

Abandoned children:

Children previously living on the street:

Arrangements for medical and dental care:

Arrangements for education:

Arrangements for religious instruction:

(F) **GENERAL**

State whether the premises is the property of the applicant:

If rented premises, state monthly rent:

State whether the child and youth care centre possesses any other fixed assets:

(G) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

- A certified copy of the constitution or founding document of the child and youth care centre as prescribed by section 200(1)(c)(i) of the Act;
- a business plan containing the information as prescribed by regulation 92(4)(a);
- the staff composition including an exposition of the prescribed and other skills with supporting documents including copies of any qualification in respect of professional staff employed at a child and youth care centre as prescribed by as prescribed by regulation 92(4)(b);
- the financial statements of the child and youth care centre including an exposition of the funds available to operate the child and youth care centre as prescribed by regulation 92(4)(c);
- the emergency plan as prescribed by regulation 92(4)(d); and
- clearance certificates that the names of any Board member appointed in terms of regulation 15 and the names of any employee do 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 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act as prescribed by regulation 92(4)(e).

(H) **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 54

**CERTIFICATE OF REGISTRATION / RENEWAL OF REGISTRATION
OF A CHILD AND YOUTH CARE CENTRE**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 94(1))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

| |
|--|
| |
| |

the following child and youth care centre has been registered in terms of section 200 of the Act;

the registration of the following child and youth care centre has been renewed in terms of section 200 of the Act; or

on _____ (insert date) until _____ (insert date) to accommodate _____ children (insert number).

Name of child and youth care centre: _____

Physical address of child and youth care centre:

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

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

The child and youth care centre is registered to run the following programmes:

Provincial Head: Social Development
Province: _____
Date of issue: _____

FORM 55

REJECTION OF AN APPLICATION FOR THE REGISTRATION / RENEWAL OF REGISTRATION OF A CHILD AND YOUTH CARE CENTRE

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 94(4))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

Name of applicant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: _____

DATE: _____

FORM 56**AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 207 OF THE ACT IN RESPECT OF A CHILD AND YOUTH CARE CENTRE****(Regulation 94(5))****REPUBLIC OF SOUTH AFRICA**

Reference No.: _____

Name of appellant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

This is an 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 the appeal is lodged |
|---|---|
| | Section 200: Consideration of new application for registration |
| | Section 200: Consideration of application for renewal of registration |
| | Section 201: Conditions on which registration was granted |
| | Section 203: 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 also attached.

APPLICANT OR 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 57

**APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION
OF A DROP-IN CENTRE**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 106(1))

REPUBLIC OF SOUTH AFRICA

(A) PARTICULARS OF APPLICATION

Name of drop-in centre: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Name of person or body who manages the drop-in centre or who wishes to establish it:

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

The number of children that will be accommodated in the drop-in centre in respect of which application is made:

(B) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the drop-in centre including a copy of any qualification which would enhance development programmes in drop-in centres;
- a business plan containing the information prescribed by regulation 106(4)(a);
- a written plan containing the information prescribed by regulation 106(4)(b);
- an original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration
- the emergency plan; and
- clearance certificates that the name of the applicant and the names of all staff members do 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 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act;

(C)

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 58

**CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION
OF A DROP-IN CENTRE**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 107(1))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

- the following drop-in centre has been registered in terms of section 219 of the Act;
- the following drop-in centre has been conditionally registered in terms of section 220 of the Act; or
- the registration of the following drop-in centre has been renewed in terms of section 219 of the Act.

on _____ (insert date).

Name of drop-in centre facility: _____

Physical address of drop-in centre:

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

The drop-in centre is registered subject to the condition that the maximum number of children that may be accommodated is: _____

PLEASE SEE REVERSE SIDE

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

Provincial Head: Social Development/
Municipal Official
Province/Municipality: _____
Date of issue: _____

FORM 59

**REJECTION OF AN APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /
RENEWAL OF REGISTRATION OF A DROP-IN CENTRE**

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 107(4))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

Name of applicant: _____

Name of drop-in centre: _____

Physical address of drop-in centre: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL OFFICIAL

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 60

**AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 223 OF THE ACT
IN RESPECT OF A DROP-IN CENTRE**

(Regulation 107(5)(a))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

Name of appellant: _____

Name of drop-in centre: _____

Physical address of drop-in centre: _____

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 219: Consideration of application for registration |
| | Section 219: Consideration of application for conditional registration |
| | Section 219: Consideration of application for renewal of registration |
| | Section 220: Conditions on which registration was granted |
| | Section 221: 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 61**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 225(6) OF THE ACT IN RESPECT OF A DROP-IN CENTRE****(Regulation 107(5)(b))**

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

Name of appellant: _____

Name of drop-in centre: _____

Physical address of drop-in centre: _____

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 225 of the Act |
|---|---|
| | Section 219: Consideration of application for registration |
| | Section 219: Consideration of application for conditional registration |
| | Section 219: Consideration of application for renewal of registration |
| | Section 220: Conditions on which registration was granted |
| | Section 221: 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 62
APPLICATION FOR THE REGISTRATION AS AN ADOPTIVE PARENT
(Regulation 111(2))
[SECTION 232(4) OF THE CHILDREN'S ACT 38 of 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

(A) **APPLICATION**

1. I _____ (full name)

an adoption social worker hereby apply for the registration as a prospective adoptive parent(s).

Place of employment: _____

Address: _____

Telephone: _____

Fax: _____

2. I declare that the names of the prospective adoptive parent(s) *does/do 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.

(B) **PARTICULARS OF PROSPECTIVE ADOPTIVE PARENT(S)**

1. Date of birth: (1) _____ (2) _____

2. Identity number: (1) _____ (2) _____

3. Marital status: Joint applicants: Date of Marriage _____

Single applicant: *unmarried/divorced/widow(er)/married to parent of child on: _____

4. Cultural group: (1) _____ (2) _____

5. Religious affiliation: (1) _____ (2) _____

6. Home language: _____

7. Postal address: _____

Postal code: _____

8. Telephone numbers: Code: _____ Number: _____ (Office hours)

Code: _____ Number: _____ (Residence)

Mobile phone: _____

9. Are both applicants South African citizens?

| | |
|-----|----|
| Yes | No |
|-----|----|

If no, state –

(i) the nationality of: (1) _____

(2) _____

(ii) *whether the prospective adoptive parent(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):

(1)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(2)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(iii) whether or not proof of such application has been provided:

(1)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(2)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

I DECLARE THAT the particulars set out in the statement above are true and correct to the best of *my/our knowledge and belief.

DATED at _____ this _____ day of _____ 20_____

Adoption social worker

Insert an X in the appropriate and *Delete whichever is not applicable

(C)

FOR OFFICIAL USE ONLY

The Director-General
Department of Social Development
Pretoria

Submission of an application for the registration as adoptive parent/parents together with the report of an adoption social worker for your consideration, please.

Adoption social worker

Initials and surname

Registration number: _____

Postal address: _____

Postal code: _____

Telephone number: Code: _____ Number: _____

Fax number : Code: _____ Number: _____

FORM 63

APPLICATION FOR THE RENEWAL OF REGISTRATION AS AN ADOPTIVE PARENT

(Regulation 111(3))

[SECTION 232(5)(b) OF THE CHILDREN'S ACT 38 of 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

(A) APPLICATION

1. I _____ (full name)

an adoption social worker hereby apply for the registration as a prospective adoptive parent.

Place of employment: _____

Address: _____

Telephone: _____

Fax: _____

2. I declare that the names of the prospective adoptive parent(s) *does/do 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.

(B) PARTICULARS OF PROSPECTIVE ADOPTIVE PARENT(S)

1. Date of birth: (1) _____ (2) _____

2. Identity number: (1) _____ (2) _____

3. Marital status: Joint applicants: Date of Marriage _____ Single applicant: *unmarried/divorced/widow(er)/married to parent of child on: _____

4. Cultural group: (1) _____ (2) _____

5. Religious affiliation: (1) _____ (2) _____

6. Home language: _____

7. Postal address: _____

Postal code: _____

8. Telephone numbers: Code: _____ Number: _____ (Office hours)

Code: _____ Number: _____ (Residence)

Mobile phone: _____

PLEASE SEE REVERSE SIDE

9. Are both applicants South African citizens?

| | |
|-----|----|
| Yes | No |
|-----|----|

If no, state –

(i) the nationality of: (1) _____

(2) _____

(ii) *whether the prospective adoptive parent(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):

(1)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(2)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(iii) whether or not proof of such application has been provided:

(1)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(2)

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

I DECLARE THAT the particulars set out in the statement above are true and correct to the best of *my/our knowledge and belief.

DATED at _____ this _____ day of _____ 20_____

Adoption social worker

Insert an X in the appropriate and *Delete whichever is not applicable

(C)

FOR OFFICIAL USE ONLY

The Director-General
Department of Social Development
Pretoria

Submission of an application for the renewal for the registration as adoptive parent/parents together with the report of an adoption social worker for your consideration, please.

Adoption social worker

Initials and surname

Registration number: _____

Postal address: _____

Postal code: _____

Telephone number: Code: _____ Number: _____

Fax number : Code: _____ Number: _____

FORM 64

APPLICATION FOR THE REGISTRATION OF AN ADOPTABLE CHILD

(Regulation 111(5))

[SECTION 232(2) OF THE CHILDREN'S ACT 38 OF 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

(A) APPLICATION

I _____ (state capacity of applicant in terms of regulation 111(5) - see reverse side of form for eligible applicants) *residing /or doing business at

_____ hereby apply for the registration of an adoptable child.

(B) FURTHER PARTICULARS OF APPLICANT(S)

- 1. Postal address: _____

 _____ Postal code: _____
- 2. Telephone numbers: Code: _____ Number: _____ (Office hours)
 Code: _____ Number: _____ (Residence)
 Mobile phone: _____

3. Attach proof of accreditation

Accreditation attached :

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(C) PARTICULARS OF ADOPTABLE CHILD

- 1. Full names of child: _____
- 2. Date of birth or estimated age: _____
- 3. Gender of child: _____
- 4. Home language: _____
- 5. Cultural group: _____
- 6. Religious affiliation: _____
- 7. Special needs of the child (if any): _____

I DECLARE THAT the particulars set out in the statement above are true and correct to the best of *my/our knowledge and belief.

DATED at _____ this _____ day of _____ 20_____

Applicant

Capacity

Mark with X in the appropriate block and *Delete whichever is not applicable

(D)

FOR OFFICIAL USE ONLY

The Director-General
Department of Social Development
Pretoria

An application for the registration of an adoptable child together with the report of an adoption social worker for your consideration, please.

Applicant (signature)

Initials and surname

Postal address: _____

Postal code: _____

Telephone number: Code: _____ Number: _____

Fax number : Code: _____ Number: _____

Note

Regulation 111(5) of the regulations provides that when a child is available for adoption –

- (a) an adoption social worker;
 - (b) a provincial head of social development;
 - (c) a child protection organisation accredited in terms of section 251 to provide adoption services; and
 - (d) a child protection organisation accredited to provide inter-country adoption services,
- may apply for the registration of the child as an adoptable child substantially in the form of **Form 64** .

A provincial head of social development includes a person who has a delegation in terms of section 311 of the Children's Act 38 of 2005

(B) FURTHER PARTICULARS OF APPLICANT(S)

1. Date of birth: (1) _____ (2) _____
2. Identity number: (1) _____ (2) _____
3. Marital status: Joint applicants: Date of Marriage _____
 Single applicant: *unmarried/divorced/widow(er)/married to parent of child on: _____
4. Cultural group: (1) _____ (2) _____
5. Religious affiliation: (1) _____ (2) _____
6. Home language: _____
7. Is the applicant or are both applicants South African citizens?

| | |
|-----|----|
| Yes | No |
|-----|----|

 If no, state –
 (i) the nationality of: (1) _____
 (2) _____
 (ii) *whether the applicant/either of the applicant(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):
 (1)

| | |
|-----|----|
| Yes | No |
|-----|----|

 (2)

| | |
|-----|----|
| Yes | No |
|-----|----|

 (iii) whether or not proof of such application has been provided:
 (1)

| | |
|-----|----|
| Yes | No |
|-----|----|

 (2)

| | |
|-----|----|
| Yes | No |
|-----|----|
8. *Is the applicant/either of the applicants related to the child *he/she/they wish(es) to adopt:
 (1)

| | |
|-----|----|
| Yes | No |
|-----|----|

 (2)

| | |
|-----|----|
| Yes | No |
|-----|----|

 If so, what is the relationship?
 (1) _____ (2) _____
9. *Is the applicant/ether of the applicants in receipt of any allowance from the State in respect of the child?
 (1)

| | |
|-----|----|
| Yes | No |
|-----|----|

 (2)

| | |
|-----|----|
| Yes | No |
|-----|----|

 If so, state type of allowance: _____ Reference number: _____
 Name of beneficiary: _____

***I/WE DECLARE THAT** the particulars set out in the statement above are true and correct to the best of *my/our knowledge and belief.

DATED at _____ this _____ day of _____

Applicant (1)

Applicant (2)

NOTE

Please attach:

- (i) The original birth certificate or identity document of the child.
- (ii) A certified copy of the identity document of each applicant.
- (iii) Where (i) and (ii) are not available, a sworn statement by an adoption social worker.
- (iv) In the case of a foster child, the written statement of the foster parent(s) in terms of section 18(4(g)) of the Act (**Form 43**).
- (v) Where applicable, the written consent of the parent(s) attested to before a commissioner.
- (vi) Where applicable, the written consent of the child attested to before a commissioner.
- (vii) Where the applicant(s) wish to receive the child into his/her/their custody, a report from an adoption social worker, that the applicant(s) is/are a potentially suitable prospective adoptive parent(s).

Insert an X in the appropriate block and *Delete whichever is not applicable

FORM 66

**CONSENT BY PARENT OR GUARDIAN TO THE ADOPTION OF A CHILD
(Regulation 112(3)(c), 113(1))**

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

| |
|--|
| NOTE |
| <input type="checkbox"/> A separate form must be used for each child |
| <input type="checkbox"/> Where the consent of both parents is required, a separate form should be completed by each parent |

IN THE CHILDREN'S COURT FOR THE DISTRICT OF _____
HELD AT _____

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I, _____ (full name),
identity number _____, residing at _____

Being the *father/mother of _____
(full name of child)

hereby voluntarily consent to the adoption of the said child by -

- (a) _____; or
(*full name(s) or persons wishing to adopt the child)
- (b) a person or persons unknown to me

FURTHER PARTICULARS OF PARENT OR GUARDIAN

My religious affiliation is _____ *I am/I am not a South African citizen.

- I am unmarried and have never been married before I am married to the *mother/father of the child
- I have never been married to the father of the child I am divorced from the *mother/father of the child
- My present husband is not the father of the child who was born *prior to/during our marriage
- I am the *widow/er of the father/mother of the child

Signature of *father/mother/guardian

SIGNED BEFORE ME after I have explained to the said *father/mother/guardian the effect of an adoption order as set out in section 242 of the Act, and have informed *him/her that –

- (i) *he/she may withdraw this consent in writing before a presiding officer of the children's court at any time during a period of up to 60 days after having given this consent;
- (ii) *he/she is not entitled to be present when the application for adoption is considered unless permission to be present has been obtained from the pressing officer of the children's court; and

*he/she has intimated that *he/she understands the legal consequences and requirements.

PLACE _____

DATE _____

Presiding officer: Children's court

Insert an X in appropriate block and *Delete whichever is not applicable

PLEASE SEE REVERSE HEREOF

| |
|---------------|
| NOTICE |
|---------------|

A. PROHIBITED CONSIDERATION (IN TERMS OF SECTION 249 OF THE CHILDREN'S ACT, 2005)

(1) No person may-

- (a) give or receive, or agree to give or receive, any consideration, in cash or in kind, for the adoption of a child in terms of Chapter 15 or Chapter 16; or
- (b) induce a person to give up a child for adoption in terms of Chapter 15 or Chapter 16.

(2) Subsection (1) does not apply to-

- (a) the biological mother of a child receiving compensation for-
 - (i) reasonable medical expenses incurred in connection with her pregnancy, birth of the child and follow-up treatment;
 - (ii) reasonable expenses incurred for counselling; or
 - (iii) any other prescribed expenses;
- (b) a lawyer, psychologist or other professional person receiving fees and expenses for services provided in connection with an adoption;
- (c) the Central Authority of the Republic contemplated in section 257 receiving prescribed fees;
- (d) a child protection organisation accredited in terms of section 251 to provide adoption services, receiving the prescribed fees;
- (e) a child protection organisation accredited to provide inter-country adoption services receiving the prescribed fees;
- (f) an organ of state; or
- (g) any other prescribed persons.

B. EFFECT OF AN ADOPTION ORDER (IN TERMS OF SECTION 242 OF THE CHILDREN'S ACT, 2005)

(1) Except when provided otherwise in the order or in a post-adoption agreement confirmed by the court an adoption order terminates-

- (a) all parental responsibilities and rights any person, including a parent, step-parent or partner in a domestic life partnership, had in respect of the child immediately before the adoption;
- (b) all claims to contact with the child by any family member of a person referred to in paragraph (a);
- (c) all rights and responsibilities the child had in respect of a person referred to in paragraph (a) or (b) immediately before the adoption; and
- (d) any previous order made in respect of the placement of the child.

(2) An adoption order-

- (a) confers full parental responsibilities and rights in respect of the adopted child upon the adoptive parent;
- (b) confers the surname of the adoptive parent on the adopted child, except when otherwise provided in the order;
- (c) does not permit any marriage or sexual intercourse between the child and any other person which would have been prohibited had the child not been adopted; and
- (d) does not affect any rights to property the child acquired before the adoption.

(3) An adopted child must for all purposes be regarded as the child of the adoptive parent and an adoptive parent must for all purposes be regarded as the parent of the adopted child.

FORM 67
CONSENT BY CHILD TO ADOPTION
(Regulation 112(3)(c), 113(2))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT OF _____
HELD AT _____

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I, _____
(full name and surname of child)
identity number _____ residing at _____

HEREBY VOLUNTARILY CONSENT TO MY ADOPTION BY (1) _____
and (2) _____
(full name(s) and surname of applicant(s))

Date

Signature of child

SIGNED BEFORE ME after I have explained to the said child the legal consequences of the consent and of an adoption and after I have informed *him/her that:

- (i) *he/she may at any time withdraw the consent before the order of adoption is made by the children's court; and
 - (ii) *he/she is entitled to be present when the application for adoption is considered.
- *he/she has intimated that *he/she understands the above.

Place

Presiding officer: Children's court

Date

*Delete whichever is not applicable

FORM 68
ADOPTION OF CHILD: STATEMENT BY GUARDIAN
(Regulation 112(3)(d))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

NOTE:
A separate form must be used for each child

TO THE CLERK OF THE CHILDREN'S COURT FOR THE DISTRICT OF _____

HELD AT _____

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I/WE (1) (full names) _____

(2) (full names) _____

Identity number(s) (1) _____ (2) _____

and residing at _____

being the guardian of the child _____

(full name of child)

HEREBY STATE THAT:

*I/we have been informed of a pending application to adopt the aforementioned child; and

I/we do not wish to adopt the child concerned.

Guardian (1)

Guardian (2)

Witness

Witness

PLACE: _____

DATE: _____

*Delete whichever is not applicable and insert an X in appropriate block

FORM 69

**WITHDRAWAL OF CONSENT TO ADOPTION BY PARENT OR GUARDIAN OF CHILD
(Regulation 113(3)(b))**

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

THE PRESIDING OFFICER
CHILDREN'S COURT

ADOPTION OF: _____

_____ (full name of child)

BY: _____
*(names of proposed adoptive parent(s)/person(s) unknown to me)

OF: _____
(district where application was made)

| |
|---|
| <p>PLEASE TAKE NOTE THAT I, _____</p> <p>_____</p> <p>OF _____</p> <p>_____</p> <p>HEREBY WITHDRAW MY CONSENT TO THE ADOPTION OF THE AFOREMENTIONED CHILD WHICH CONSENT WAS SIGNED BEFORE THE PRESIDING OFFICER, CHILDREN'S COURT AT _____ ON _____</p> <p>DATED AT _____ this _____ day of _____ at _____</p> <p style="text-align: right;">_____ Signature of parent</p> |
|---|

RECEIPT ACKNOWLEDGED: _____

Presiding officer: Children's court

PLACE: _____

DATE: _____

| |
|--|
| <p style="text-align: center;">NOTE</p> <p>Should consent be withdrawn in a district other than the district in which consent was given or in which the application for adoption is to be heard, the presiding officer: children's court who attached the consent must be expeditiously notified of such withdrawal for his or her further attention in terms of regulation 113(3)(b)</p> |
|--|

*Delete whichever is not applicable

FORM 70
WITHDRAWAL OF CONSENT BY CHILD TO ADOPTION
(Regulation 113(3)(c))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

THE CLERK OF THE CHILDREN'S COURT: _____

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I, _____
(full name and surname of child)

identity number _____ residing at _____

Hereby voluntarily withdraws my consent for my adoption by (1) _____

and (2) _____
(full name(s) and surname of applicant(s))

Date

Signature of child

SIGNED BEFORE ME after I have explained to the said child the legal consequences of the withdrawal of consent for adoption and *he/she has intimated that *he/she understands the above.

Place

Presiding officer: Children's court

Date

*Delete whichever is not applicable

B. MEDICAL ASSESSMENT OF AGE

| | |
|--------------|--|
| Surname: | |
| Full names: | |
| Height: | |
| Weight: | |
| Breasts: | |
| Molar teeth: | |
| Pubic hair: | |
| Axillaries: | |
| Facial: | |
| Genitals: | |

OPINION

On the grounds of the above-examination, and * his/her general appearance, dressed and undressed, * his/her age is assessed at being between _____ and _____ .l

Most probable age: _____.

REMARKS:

Date _____ .Place _____

Medical practitioner

FORM 72
POST ADOPTION AGREEMENT
(Regulation 116(1))
[SECTION 234 OF THE CHILDREN'S ACT 38 of 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

TO THE CLERK OF THE CHILDREN'S COURT: _____

(A) **AGREEMENT**

***I/We** (1) _____ (full name)
(2) _____ (full name)
residing at _____

in the capacity as **the prospective adoptive *parent/parents**

AND

***I/We** (1) _____ (full name)
(2) _____ (full name)
residing at _____

in the capacity as ***parent/guardian**

HEREBY

AGREED, with the assistance of an adoption social worker who provided counseling, to the following arrangements as contemplated by section 234 of the Children's Act 38 of 2005

Particulars of adoption social worker:

Name: _____

Telephone: _____

Fax: _____

1. _____

1. _____

2. _____
*Prospective adoptive *parent/parents

2. _____
*Parent/parents/guardian

DATED at _____ this _____ day of _____ 20____

*Delete whichever is not applicable

PLEASE SEE REVERSE HEREOF

(B) **FURTHER PARTICULARS OF PARTIES**

1. **Prospective adoptive *parent/parents**

Postal address: _____

 _____ Postal code: _____
 Telephone numbers: Code: _____ Number: _____ (Office hours)
 Code: _____ Number: _____ (Residence)
 Mobile phone: _____

2. **Parent/parents/guardian**

Postal address: _____

 _____ Postal code: _____
 Telephone numbers: Code: _____ Number: _____ (Office hours)
 Code: _____ Number: _____ (Residence)
 Mobile phone: _____

(B) **CONSENT OF CHILD**

*I, _____ (full names) who stands to be adopted by the prospective adoptive *parent/parents understands the terms of abovementioned agreement and hereby consent to the agreement.

 Child Date

*I, _____ (full names), presiding officer: Children's court
 _____ declares that the consent was signed and attested before me and that I have satisfied myself that the child is 10 years or older, or under the age of 10 years, but of an age, maturity and stage of development to understand the implications of the agreement.

 Presiding officer: Children's court Date

*Delete whichever is not applicable

FORM 73
APPLICATION FOR A FREEING ORDER
(Regulation 117)
[SECTION 235 OF THE CHILDREN'S ACT 38 OF 2005]

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

TO THE CLERK OF THE CHILDREN'S COURT: _____

(A) **APPLICATION**

1. ***I/The** _____
(state capacity of applicant – see reverse side of form for eligible applicants) *residing /or doing business at _____
_____ hereby apply/applies for a freeing order in terms of Section 235 of the Children's Act 38 of 2005.

| | | |
|-----------|----------|------|
| Applicant | Capacity | Date |
|-----------|----------|------|

*Delete whichever is not applicable

(B) **FURTHER PARTICULARS OF APPLICANT(S)**

1. Postal address: _____

_____ Postal code: _____
2. Telephone numbers: Code: _____ Number: _____ (Office hours)
Code: _____ Number: _____ (Residence)
Mobile phone: _____
3. In the case of a child protection organisation attach proof of accreditation
Accreditation attached:

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

(C) **REASONS FOR APPLICATION**

(C) **CONSENT**

***I/We** _____ hereby ***consent/consents** to a freeing order in terms of section 235 of the Children’s Act 38 Of 2005.

- | | | | |
|----|--------------------------------------|----------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| | Signature of person granting consent | Capacity | Date |

***Delete whichever is not applicable**

(C) **COURT ORDER**

I, _____, presiding officer of the Children’s court at _____ hereby grants a freeing order in terms of Section 235 of the Act and authorizes the following ***person/child protection organisation** accredited in terms of section 251 of the Act to exercise parental responsibilities and rights in respect of the child pending the adoption of the child:

 Presiding officer: Children’s court

 Date

Section 235 of the Child Care Act 38 of 2005 provides :

(1) The court, on application by the Department, a provincial department of social development, a child protection organisation accredited in terms of section 251 to provide adoption services or an adoption social worker may issue an order freeing a parent or person whose consent to the adoption of the child is required in terms of section 233 from parental responsibilities and rights in respect of the child pending the adoption of the child.

(2) The parent or person whose consent to the adoption of the child is required in terms of section 233 must support an application for a freeing order.

(3) A freeing order must authorise a child protection organisation accredited in terms of section 251 to provide adoption services or a person to exercise parental responsibilities and rights in respect of the child pending the adoption of the child.

(4) A freeing order lapses if-

- (a) the child has not been adopted within a period of 12 months and there is no reasonable prospects that the child will be adopted;
- (b) the order is terminated by the court on the ground that it is no longer in the best interests of the child; or
- (c) the child, parent or person who consented to the adoption withdraws such consent in terms of section 233 (8).

(5) A freeing order relieves a parent or person from the duty to contribute to the maintenance of the child pending the adoption, unless the court orders otherwise.

FORM 74
RECORD OF ADOPTION PROCEEDING
(Regulation 118)

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT OF _____
HELD AT _____

PROCEEDINGS HELD *IN CAMERA* IN TERMS OF SECTION 56 OF ACT 38 OF 2005 IN RESPECT OF THE ADOPTION OF THE FOLLOWING CHILD(REN):

| | NAME(S) OF CHILD(REN) | GENDER | DATE OF BIRTH |
|----|-----------------------|--------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

BEFORE _____, **Presiding officer: Children's court** on the _____ day of _____ 20_____

The said *child/children was/were *present/not present at the proceedings.

AND THERE APPEARED

Clerk of the Children's Court : _____

Interpreter: _____

Applicant(s) (1) _____

(2) _____

Mother/guardian (allowed to be present at the discretion of the court): _____

Father/guardian (allowed to be present at the discretion of the court): _____

The designated adoption social worker: _____

Permission for the attendance of other persons *not granted/granted to: _____

Legal representative(s): _____

THE FOLLOWING EVIDENCE WAS ADDUCED

*Delete whichever is not applicable

FORM 76
ORDER OF INTER-COUNTRY ADOPTION
(Regulation 131, 135)
[SECTION 261(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT OF _____
 HELD AT _____

**IN THE MATTER OF AN APPLICATION FOR THE INTER-COUNTRY
 ADOPTION OF**

 (full name of child)
 identity number _____ on the _____ day of _____ 20_____
 before _____, Presiding Officer of the
 Children's Court.

In the case of an inter-country adoption by a person living in a Hague Convention Country

THE COURT IS SATISFIED THAT: -

- The adoption is in the best interests of the child;
- The child is in the Republic; and is not prevented from leaving the Republic;
- The arrangements for the adoption are in accordance with the Hague Convention and requirements of regulation 130;
- The Central Authority of the convention country, _____, has agreed to the adoption;
- The Central Authority of the Republic has agreed to the adoption;
- The name of the child has been in the RACAP for at least 60 days; and
- No fit and proper adoptive parent for the child is available in the republic.

In the case of an inter-country adoption of a person living in a non-Hague Convention country

THE COURT IS SATISFIED THAT: -

- The adoption is in the best interests of the child;
- The child is in the Republic; and is not prevented from leaving the Republic;
- The arrangements for the adoption are in accordance with the requirements of regulation 134;
- The competent authority of the non-convention country, _____, has agreed to the adoption;

- The Central Authority has agreed to the adoption;
- The name of the child has been in the RACAP for at least 60 days; and
- No fit and proper adoptive parent for the child is available in the republic.

IT IS ORDERED THAT

_____ (full name of child)

a _____ child, born on the _____ day of _____ 20 _____
 (sex)

be and is hereby adopted by _____
 (full name)

born on _____, identity number _____ *and his/her spouse

_____ (full name)

born on _____, identity number _____, in terms of and subject to the provisions of the Children's Act, 2005 (Act No. 38 of 2005).

IT IS FURTHER ORDERED THAT

the family name _____ *be given to the child/be retained by the child.
 GIVEN at _____ this _____ day of _____
 at _____ : _____ (time).

Presiding Officer: Children's Court

1. Date of registration of adoption _____
2. Adoption register number _____
3. Amendment of the birth register in terms of section 245 of the Children's Act , 2005 (Act No. 38 of 2005), may proceed.

Date

Registrar of Adoptions

*Delete whichever is not applicable

FORM 77
DECLARATION RECOGNISING ADOPTION
(Regulation 139(1))
[SECTIONS 266(3) AND 268 OF THE CHILDREN'S ACT 38 OF 2005]

THE CENTRAL AUTHORITY OF THE REPUBLIC OF SOUTH AFRICA hereby declares that the adoption of

(full name of child)

born in _____ on _____
(name of convention country) (date of birth (if known))

who was adopted by (1) (full names) _____

(2) (full names) _____

identity number(s) _____ (2) _____

on _____ in _____
(date of adoption) (country where adoption was concluded)

is recognized as an adoption in the Republic of South Africa, and that this declaration is admissible as evidence in any proceedings before the court and for purposes of recording of adoption in births register and adoption register in the Republic of South Africa.

_____ *for the CENTRAL AUTHORITY*

PLACE: _____

DATE: _____

*Delete whichever is not applicable.

FORM 78
DECLARATION OF NON-RECOGNITION OF ADOPTION
(Regulation 140)
[SECTION 270 OF THE CHILDREN'S ACT 38 OF 2005]

THE CENTRAL AUTHORITY OF THE REPUBLIC OF SOUTH AFRICA hereby declares that the adoption of

(full name of child)

born in _____ on _____
(name of convention country) (date of birth (if known))

who was adopted by (1) (full names) _____
(2) (full names) _____
identity number(s) _____ (2) _____

on _____ in _____
(date of adoption) (name of country where adoption concluded)

which is a convention/ non-convention country,

is not recognised as an adoption in the Republic of South Africa, and that an application for the adoption of the child shall be made to the children's court in accordance with section 271.

for the CENTRAL AUTHORITY

PLACE: _____

DATE: _____

*Delete whichever is not applicable.

FORM 79

NOTIFICATION BY INTERNET SERVICE PROVIDER OF BEHAVIOUR FACILITATING TRAFFICKING IN CHILDREN

(Regulation 142(1))

[SECTION 285(2) OF THE CHILDREN'S ACT 38 OF 2005]

REPUBLIC OF SOUTH AFRICA

To: The Station Commander: (Police Station)
South African Police Service
.....
.....
.....

The following information was located on our server that alludes to the facilitation of child trafficking, (for example, an advert for children to engage in travel, or a call for children to be employed as domestic workers, or a bulletin or group for traffickers making arrangements regarding the transport of children etc):

Details of the site/s on which it was found:

Details on whether the information was found in the ISP database or whether through another mechanism, e.g usage statistics or firewall data or real-time (or other):

Details on the manner in which the information came to our attention, for example through detection, on account of a complaint or report or any other manner:

Specific details regarding the manner in which the information came to our attention, including names of persons detecting information or names and contact details of persons who made a complaint or report:

Is a copy of the electronic report containing the information alluding to the facilitation of trafficking found on the server attached? Please circle your answer: **Yes / No**

If **no**, can a copy be obtained upon request? **Yes / No**

Details of the person that can be contacted for such copy:

SIGNED at on this day of
..... 2...

Representative of Internet Service Provider:

Full name (in print):
Designation:
Telephone:
Fax:
Cell:
Email