

	<p>1.1.12 Service Kitchen.</p> <p>1.1.13 Laundry and Ironing area.</p>	<ul style="list-style-type: none"> <li>▪ Hand wash basin for staff hand washing.</li> <li>▪ Separate food prep basin</li> <li>▪ Separate pot wash basin</li> <li>▪ Adequate and constant hot and cold water supply to all basins</li> <li>▪ Impervious, easy to clean work surfaces in all areas</li> <li>▪ A safe source of power for cooking purposes.</li> <li>▪ A suitable means for the effective extraction of heat fumes and gases</li> <li>▪ Smooth and even washable wall surfaces</li> <li>▪ A facility to maintain perishable food at a temperature below 10°C</li> <li>▪ Sufficient suitable storage space for crockery, cutlery and kitchen utensils</li> <li>▪ Fire blanket available in the kitchen</li>   <li>▪ The frail older persons must be provided with a service kitchen for the preparation of beverages and the heating up of food only</li> <li>▪ Must be equipped with a basin for the wash-up of cutlery and crockery</li> <li>▪ Must be equipped with a separate hand wash basin for staff to prevent cross infection</li> <li>▪ Must be provided with constant hot and cold water supply</li>   <li>▪ Well-ventilated laundry area</li> <li>▪ Adequately sized according to number of residents</li> <li>▪ Adequately equipped for washing, drying and ironing.</li> <li>▪ Adequate arrangements for the separate receiving and disinfection / washing of soiled and infected linen and clothing</li> <li>▪ Separate storage area with slatted shelves for the clean linen</li> <li>▪ Shelving must be of an impervious material</li> <li>▪ Walls and ceiling must be painted with</li> </ul>
--	--	---

	<p>1.1.14 Dining Room.</p> <p>1.1.15 Recreation area, lounges and sun porches.</p> <p>1.1.16 Storage facilities.</p> <p>1.1.17 Administrative office.</p> <p>1.1.18 Proper and adequate ventilation, heating, cooling and lighting.</p>	<p>durable, washable and light-coloured paint</p> <ul style="list-style-type: none"> <li>▪ If an outside contractor is used for laundry purposes it must be done in an approved laundry by a qualified or registered service provider</li> <li>▪ A dining area with a minimum floor area of 1,5m<sup>2</sup> per resident with adequate passages and aisles in the dining area according to the Local Government By-Laws</li> <li>▪ Approved, suitable and safe artificial heating system in the dining areas</li> <li>▪ Non-slip, non-shinig floors</li> <li>▪ Well ventilated area</li> <li>▪ Floor area of not less than 1,5m<sup>2</sup> per resident as per the Local Government By-Laws.</li> <li>▪ This area must be designed and situated in such a way that it can also be used for occupational therapy</li> <li>▪ Adequate (separate) storage facilities for linen, furniture, suitcases, household cleaning agents, tools, medicines, and corrosive and other harmful substances</li> <li>▪ Must have a suitable, furnished administrative office on the premises</li> <li>▪ Cross ventilation</li> <li>▪ Lighting, not glazing</li> <li>▪ Safe heating and cooling system in the frail care, rooms, wards and the dining areas. (heating system position in such a way not to jeopardize the safety of the resident and not damaging any of the structures of the building)</li> <li>▪ Absence of offensive odours, through the effective management of physical</li> </ul>
--	---	--

	<p>1.1.19 Secure and safe environment.</p>	<p>environment, soiled linen, bedding and personal effects</p> <ul style="list-style-type: none"> <li>▪ Security in accordance with local conditions</li> <li>▪ Windows must be adequately protected or guarded to ensure the safety of residents.</li> <li>▪ Emergency exits and routes practical and clearly identified and visible at night</li> <li>▪ Controlled access to facility</li> <li>▪ Support railings both sides of corridors</li> <li>▪ Non-slip and non-shining flooring surfaces. All carpets suitably and safely secured to the floor</li> <li>▪ Loose coverings must be removed</li> <li>▪ Security of personal effects of staff and residents</li> <li>▪ Security and control over medication</li> <li>▪ Existence of emergency and disaster plan</li> <li>▪ Fire-fighting equipment in accordance with Occupation, Health and Safety Act 85 of 1993 – Fire protection certificate issued by Fire Department</li> <li>▪ Appropriate 24-hour communication system (internal and external)</li> <li>▪ Individual lockers for staff personal items</li> <li>▪ Individual lockable cupboards for each resident</li> <li>▪ Smoke detectors</li> </ul>
	<p>1.1.20 Therapeutic environment.</p>	<ul style="list-style-type: none"> <li>▪ Programmes for prevention of injuries and infections</li> <li>▪ Access to an area to undertake private discussions and interviews</li> </ul>
	<p>1.1.21 Functional and sufficient furniture and equipment.</p>	<ul style="list-style-type: none"> <li>▪ A bed with mattress, chair and private, safe and lockable cupboard for each resident</li> <li>▪ Care equipment, e.g. crutches, wheel chairs, bedpans etc.</li> <li>▪ Adequate clean bed linen, blankets, pillows and towelings per bed</li> </ul>

	<p>1.1.22 Physical layout of grounds and buildings promotes mobility, social interaction and areas of service delivery.</p>	<ul style="list-style-type: none"> <li>▪ Catering equipment available</li> <li>▪ Laundry equipment available</li> <li>▪ Maintenance equipment</li> <li>▪ Furniture and equipment for staff requirements</li> <li>▪ Staff Rest room</li> <li>▪ Appropriate first aid emergency equipment</li> <li>▪ Office facilities</li> </ul> <p>Surroundings should be suitable from a health point of view:</p> <ul style="list-style-type: none"> <li>-Avoid low-lying cold areas.</li> <li>-Avoid presence of factories / trains</li> <li>-Smoke free area.</li> </ul> <p><b>Slope of terrain:</b></p> <p>The terrain should be as level as possible.</p> <p>Sloping grounds</p> <ul style="list-style-type: none"> <li>▪ Sanitation</li> <li>▪ Clean drinkable water</li> <li>▪ Cooking and catering facilities</li> <li>▪ Laundry facilities /washing facilities</li> <li>▪ Nursing facilities</li> <li>▪ Recreational facilities / areas</li> <li>▪ Fencing</li> <li>▪ Areas for care of persons with mental incapacity where necessary</li> </ul> <p>Secure environment appropriate for the needs of the individual, particularly those with mental incapacity.</p> <ul style="list-style-type: none"> <li>▪ Store facilities</li> <li>▪ Grounds are wheelchair / tri-pod accessible</li> <li>▪ Supply of electricity or alternate power source</li> </ul> <p>(Designated smoking area)</p>
<p>1.2 Legal status for service facility development and delivery of services.</p>	<p>1.2.1 Service delivery facility developers register planned facilities.</p>	<ul style="list-style-type: none"> <li>▪ Apply for registration to develop a residential facility before commencement of the development of such a facility</li> </ul>

	<p>1.2.2 Service providers are registered.</p> <p>1.2.3 Admission policy in accordance with statutory requirements.</p>	<ul style="list-style-type: none"> <li>▪ Registration certificate of residential facility and service providers to be publicly displayed</li> <li>▪ Implementation of departmentally approved assessment instrument (DQ 98)</li> <li>▪ Completed standardised background report from a referring social worker or social auxilliary worker is a requirement</li> <li>▪ Social worker/social auxillary worker report for all applications</li> <li>▪ Admission policy and code of conduct to be in line with older persons policy, principles and the South African Declaration on the Rights and Responsibilities of Older persons</li> <li>▪ Information provided on the organisation and services rendered</li> <li>▪ Information accessible to all</li> <li>▪ Standardised Admission Policy and Procedure</li> <li>▪ Standardised Admission Form</li> </ul>
<p>1.3 Capacity building.</p>	<p>1.3.1 Support for caregivers, including family.</p> <p>1.3.2 Effective and accessible volunteer programmes.</p> <p>1.3.3 An informed and supportive community.</p>	<ul style="list-style-type: none"> <li>• An outreach program</li> <li>• Measure the response e.g. donations, visits, volunteers</li> <li>• Volunteer projects developed, costed with time-lines and roles and responsibilities</li> <li>• Information sharing</li> <li>• Special events and projects developed etc.</li> </ul>
<p>1.4 Residential care.</p>	<p>1.4.1 Comfortable clean, healthy, and satisfied residents.</p>	<ul style="list-style-type: none"> <li>• Individualised care management plan</li> <li>• Adherence to approved health, nursing and pharmaceutical laws, policies and procedures</li> <li>• Nutrition and hydration according to dietary requirement</li> </ul>

	1.4.2 Optimal mobility of residents during active hours.	<ul style="list-style-type: none"> <li>• Socialisation through social and functional activities</li> <li>• Residents should be out of bed (where possible)</li> </ul> <p>Residents are appropriately dressed, presentable and clean.</p>
1.5 Independent and Assisted Living Programme.	<p>1.5.1 Provisioning in the basic nutritional needs to promote healthy ageing.</p> <p>1.5.2 Facilitate provisioning of affordable, safe and accessible accommodation, housing &amp; assisted living</p> <p>1.5.3 Older persons maintain their independence through the provisioning of: day-care services, home-care services, short term residential placement and care services</p>	<ul style="list-style-type: none"> <li>• Retard the onset of frailty and illness through providing in the basic nutritional needs.</li> <li>• Prevention of malnutrition through information regarding balanced diets and needs</li> <li>• Provisioning of daily nutritional needs through food security programmes</li> <li>• Clean drinking water available</li> </ul> <ul style="list-style-type: none"> <li>• Programmes to promote optimal independent living</li> <li>• Affordable accommodation by means of rates' concessions</li> <li>• Housing that is older person and culture sensitive</li> <li>• Strategy on welfare housing that will secure and increase housing stock of older persons</li> <li>• Accessibility of community care and support services</li> <li>• Programmes to enable and support families and spouses/partners to provide care and support</li> <li>• Directory of community care and support service</li> </ul> <ul style="list-style-type: none"> <li>• Home-care services to address the needs of older persons living at home</li> <li>• The availability of (subsidized) beds and services to address the needs of persons requiring short term residential placement and care</li> <li>• Health and social monitoring system to promote efficient family care giving</li> </ul>

	Emergency-Care Services	<ul style="list-style-type: none"> <li>• Register of accredited caregivers per community</li> <li>• Contract between service providers and caregivers</li> </ul> <p>Social relief programmes.</p>
1.6 Information on access to Health and Social Welfare Services.	1.6.1 Optimal healthy ageing and self-actualisation through the information on provisioning of affordable accessible and appropriate health and social welfare services.	<ul style="list-style-type: none"> <li>• Dissemination of Information on:                             <ul style="list-style-type: none"> <li>- accessibility to primary health care services</li> <li>- affordable curative care, i.e. hospitals</li> <li>- accessibility to social welfare services</li> <li>- accessibility to multi-purpose services</li> <li>- accessibility to psycho-geriatric services</li> </ul> </li> </ul>
1.7 Information on access to transport.	1.7.1 The accessibility of services and the optimal independent functioning of older persons.	<ul style="list-style-type: none"> <li>▪ Lobbying for concessions to promote the accessibility of public transport</li> <li>▪ Lobbying for older person-friendly and safe transport system/programmes</li> </ul> <p>Transport available to access support services.</p>
1.8 Support to caregivers.	1.8.1 Enabled and motivated caregivers.	<ul style="list-style-type: none"> <li>▪ Programmes to train, develop and support caregivers</li> <li>▪ Respite care programmes</li> <li>▪ Information and referral systems to support caregivers</li> </ul> <p>Dissemination of information on health and social welfare services for caregivers.</p>
1.9 Provisioning of assistive devices.	1.9.1 Facilitate access to assistive devices.	<ul style="list-style-type: none"> <li>▪ Information on access to lending depots</li> <li>▪ Information on access to assistive devices are available</li> <li>▪ Assistive devices are properly maintained</li> <li>▪ Training programmes in the correct use of assistive devices</li> <li>▪ Directory / data bank of lending depots</li> </ul>
1.10 Volunteerism.	1.10.1 Active corps of volunteers.  1.10.2 Active corps of older volunteers.	<ul style="list-style-type: none"> <li>▪ Establish and maintain a volunteer program</li> <li>▪ Register for volunteers</li> <li>▪ Training program for volunteers to have a working knowledge of relevant legislation and policy</li> <li>▪ Establish and maintain a senior volunteer</li> </ul>

		program
1.11 Provision of food.	1.11.1 Hygienic food preparation and serving facilities.  1.11.2 Nutritious food.	<ul style="list-style-type: none"> <li>▪ Suitable premises and facilities for the preparation and storage of foodstuffs</li> <li>▪ Sufficient and appropriate crockery and cutlery</li> <li>▪ Eating facilities to be clean and free of offensive smells</li> <li>▪ Separate hand wash basin / bowl for staff with hot and cold water, soap and disposable hand towels</li> <li>▪ Adequate functional storage of raw and prepared foods</li> <li>▪ Adequate appropriate cold room and freezer for food storage at 10 degrees or less</li> <li>▪ Separate facilities for the storage of cleaning materials and refuse</li> </ul> <ul style="list-style-type: none"> <li>▪ Providing 3 nutritional meals per day, and an additional 1.5 lt fluids during the day plus 0.5 liters at night, and including at least 1 snack in the evening for special diets e.g. Diabetics</li> <li>▪ A pre-planned cycle of varied and balanced meals</li> <li>▪ Special diets in accordance with the medical needs of residents</li> </ul> <p>Accommodation of cultural and religious preferences where feasible.</p>
<b>2. MANAGEMENT SERVICES</b> 2.1 Residents committee.	2.1.1 Effective residents committee  2.1.2 Members of the residents committee are well equipped for the task	<ul style="list-style-type: none"> <li>▪ Elected and appointed members</li> <li>▪ Regular monthly meetings with proper agendas and minutes</li> <li>▪ Regular reports to the residents</li> </ul> <ul style="list-style-type: none"> <li>▪ Training program</li> <li>▪ Clear functions in line with the Older Persons Act No. 13 of 2006</li> </ul>
2.2 Statutory requirements.	2.2.1 Adherence to statutory requirements.	<ul style="list-style-type: none"> <li>▪ Registration in accordance with the Act</li> <li>▪ Registration certificate publically displayed</li> <li>▪ All applicable laws available and updated</li> <li>▪ Training program to ensure working</li> </ul>



	<p>2.2.2 Protection and promotion of the rights of older persons as the recipients of service.</p>	<p>knowledge</p> <ul style="list-style-type: none"> <li>▪ All professional persons should be registered with their applicable registration bodies</li> <li>▪ Keeping of all legislative registers in terms of the Older persons Act and Regulations (e.g. Complaints register Restraints Register, Convicted Person register, Medication Registers, Code of Conduct of Caregivers)</li> <li>▪ Contracts between the service provider/organization and the Minister to ensure that the services are provided should include the following: <ul style="list-style-type: none"> <li>○ Date of occupation</li> <li>○ Type of accommodation</li> <li>○ Services to be provided which include boarding &amp; lodging which includes at least three nutritionally balanced meals per day taking into account health status of the resident</li> <li>○ Nursing and ensuring medical attention</li> <li>○ Bed &amp; bath linen</li> <li>○ Laundry services</li> <li>○ Cleaning services</li> <li>○ Security services</li> <li>○ Payment of services rendered</li> <li>○ Details of resident's assets, liabilities, income &amp; expenditure</li> <li>○ The amount which may be deducted from the social assistance grant which deductions must not exceed 90% of the social assistance grant</li> <li>○ Financial details of the resident must be made available to management board on request</li> <li>○ Rules regulating the running of the residential facility</li> <li>○ Procedure during termination of the agreement including the responsibility of the resident and his/her family</li> </ul> </li> </ul>
--	--	--

		<ul style="list-style-type: none"> <li>○ Procedure when a resident dies</li> <li>○ Confidentiality</li> <li>○ Cost of damage to assets of the facility by a resident</li> <li>○ Grounds for discharged alternative care and probation period of the resident in the facility</li> </ul>
2.3 Financial management.	2.3.1 Accountability of management .	<ul style="list-style-type: none"> <li>▪ Meet requirements as stipulated in the Regulations in terms of the Older Persons Act</li> <li>▪ Recognised and acceptable financial practices are adhered to</li> <li>▪ Annual budget is approved in accordance with the organisation's constitution</li> <li>▪ Financial statements are submitted at meetings of the service provider, at least every two months</li> <li>▪ The official responsible for the financial management is adequately trained and qualified</li> <li>▪ Financial policy and delegation are approved by the service provider</li> <li>▪ The payment of accounts and receipt of income is done in accordance with financial policy</li> <li>▪ All external and internal audit reports must be submitted to the service provider and must be reflected in the minutes of the meetings of the service provider</li> <li>▪ Monthly minuted operational meetings / communications with staff</li> </ul> <p>Annual report and financial statements to be submitted to Minister.</p>
2.4 Asset management.	2.4.1 Effective utilisation and maintenance of assets.	<ul style="list-style-type: none"> <li>▪ Adhere to prescriptions for assets management in the Older Persons Act and regulations</li> <li>▪ Preventative maintenance program approved by service provider</li> <li>▪ Updated Asset Register available</li> <li>▪ Asset register to differentiate between</li> </ul>



	<p>2.5.3 Nursing and other care and support staff.</p>	<p>To calculate the number of nursing and caregiver staff required for the number of residents, the following formula must be used and is based on the following principles:</p> <ul style="list-style-type: none"> <li>• Number of hours staff work per week i.e. 40 hours</li> <li>• Number of days the service will be offered</li> <li>• The number of residents in the category</li> <li>• Number of hours of care required per week per resident <ul style="list-style-type: none"> <li>○ Category 2 persons require a minimum of 9 hours of care per week</li> <li>○ Category 3 persons require a minimum of 18 hours of care per week</li> <li>○ A combination of category 2 and 3 residents require a minimum of 13 hours care per week</li> </ul> </li> <li>• A decimal fraction of 0.6 and higher must be calculated as one unit</li> </ul> <p><b>Examples:</b></p> <p>30 Frail care Residents: <math>\frac{30 \times 18}{40} = 13</math> staff units 33% nursing sister = 4 (50% can be replaced with staff nurses)</p> <p>66% nursing assistants = 9 (50% can be replaced with care givers)</p> <p>30 Assisted Living Residents: <math>\frac{30 \times 9}{40} = 6</math> staff units 16% nursing sister = 1</p> <p>84% nursing assistants = 5 (50% can be replaced with care givers)</p> <p>30 Frail and 30 Assisted Living Residents: <math>\frac{60 \times 13}{40} = 19.5</math> = 20 (50% can be replaced with staff nurses)</p>
--	--	--

		<p style="text-align: right;">40</p> <p>1 75% nursing assistants = 14 (50% can be replaced with care givers)</p>
<p>2.6 Rights and responsibilities of older persons.</p>	<p>2.6.1 Older persons are treated with dignity and respect.</p> <p>2.6.2 Protection against abuse, neglect, ill-treatment and exploitation.</p> <p>2.6.3 Older persons and /or their family are active participants in the delivery of</p>	<ul style="list-style-type: none"> <li>▪ Declaration on the Rights of Older Persons signed, explained and displayed</li> <li>▪ Programmes to promote and maintain the status of older persons</li> <li>▪ Register on abuse</li> <li>▪ A national toll free help line 0800 60 10 11</li> <li>▪ National Elder Abuse Protocol</li> <li>▪ Train staff and implement the protocol on abuse</li> <li>▪ Training programmes for caregivers</li> <li>▪ Training programmes for survivors to deal effectively with abuse (survivors empowerment program)</li> <li>▪ Community "Care Ring" or visiting program</li> <li>▪ Personal safety and security awareness programmes</li> <li>▪ Places of safety / halfway houses for the protection and temporary accommodation of older persons at risk</li> <li>▪ Recipients / family adhere to the spirit and letter of the admission contract</li> <li>▪ Recipients / family respect the social, cultural and religious beliefs of their fellow recipients of service / residents</li> <li>▪ Recipients and / or their family remain active and self-reliant as far as possible</li> <li>▪ Recipients / family freely participate in all programmes</li> <li>▪ Recipients/ family do not engage in practices that may endanger and / or disturb the lives, health and well-being of others</li> <li>▪ Active participation in the promotion and maintenance of the rights of older persons</li> <li>▪ Promotion of awareness in national and</li> </ul>

	services.  2.6.4 A caring community.	provincial programmes of interest to older persons  All programmes are older person sensitive and specific.
2.7 Data Information System.	2.7.1 Reliable and valid data and an informed public system	<ul style="list-style-type: none"> <li>• Directory of services</li> <li>• Directory of service providers</li> <li>• Situation analysis</li> <li>• Demographic profiles</li> <li>• Reliable baseline information</li> </ul>
2.8 Nursing care administration	2.8.1 Provision of acceptable standards for continuous care	<ul style="list-style-type: none"> <li>• Provide mission, vision, goals and objectives to staff</li> <li>• Deploy and utilize staff appropriately</li> <li>• Continuous professional supervision</li> <li>• Maintain registers</li> <li>• Comply with legislation</li> <li>• Manage risks</li> <li>• Assess clinical skills of staff</li> <li>• Set goals for geriatric care plans</li> <li>• Implement individual care plans</li> <li>• Develop therapeutic geriatric learning environment</li> </ul>
2.9 Individual care plans for home based care and residential care.	2.9.1 Individual care plan for each older person for whom direct care is provided.	<ul style="list-style-type: none"> <li>• A personal record of each older person available</li> <li>• A record of the name and details of the immediate family member or responsible person to be consulted in cases of emergency or health care decision making</li> <li>• An assessment document completed within 48 hours of admission to the service, to be reviewed monthly or more frequently, if indicated.</li> <li>• A care plan to be updated in conjunction with regular assessments and identification of lifestyle risks</li> <li>• Relevant records and documentation in accordance with legislative requirement.</li> <li>▪ Reality Orientation Programs</li> </ul>

	<p>2.9.2 Active-ageing in residential facility.</p> <p>2.9.3 Specific care and support programmes.</p> <p>2.9.4. Socialisation.</p>	<ul style="list-style-type: none"> <li>▪ Regular opportunities for socialisation through social and functional activities</li> <li>▪ Regular programmes appropriate for the needs and limitations for the persons being cared for</li> <li>• All persons to be out of bed at least twice per day and appropriately dressed for part of each day where possible</li> <li>• Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.</li> <li>• Programmes to promote active and meaningful participation with family and community life and peer group activities</li> <li>• Available basic care plan for each client/resident including information relating to: <ul style="list-style-type: none"> <li>- Personal hygiene needs</li> <li>- Nutritional and fluid requirements and assistance</li> <li>- Mobility and transfers</li> <li>- Night time special requirements (e.g. Applying cot sides at night to prevent falls)</li> <li>- Bathing</li> <li>- Excretory needs</li> <li>- Medication management, administration and regular review</li> <li>- Prevention of pressure sores, including mobilisation, turning, pressure care</li> <li>- Access to immunisations according to recommended guidelines</li> <li>- Safety needs</li> </ul> </li> <li>• Recreation and orientation programmes stimulation orientation programmes.</li> </ul>
--	---	---

<p>2.10. Provision of specific additional care</p>	<p>2.10.1 Access to supplementary health care .</p> <p>2.10.2. 24HourCareServices to frail older persons.</p> <p>2.10.3. Care and Supervision services to older persons suffering from dementia and related diseases</p> <p>2.10.4.Rehabilitation Services</p>	<ul style="list-style-type: none"> <li>▪ Available plans and information relating to:</li> <li>▪ Chronic disease management</li> <li>▪ Incontinence management, including appropriate aids and appliances, including commodes, incontinence pads and catheters</li> <li>▪ Wound care management</li> <li>▪ Pain Management</li> <li>▪ Attention to sensory defects e.g. vision, hearing speech</li> <li>▪ Palliative care, recognising the need for respect of the choices and dignity of the terminally ill person</li> </ul> <ul style="list-style-type: none"> <li>▪ Access to additional services where appropriate and available</li> <li>▪ Protocol in place when planning frail care services</li> <li>▪ Protocol in place when transferring an older person to a facility for frail care services</li> </ul> <ul style="list-style-type: none"> <li>▪ Basic care protocols and programmes</li> <li>▪ Intake and output monitoring</li> <li>▪ Bathing Dressing services</li> <li>▪ Grooming service</li> <li>▪ Excretory needs assistance</li> <li>▪ Physical exercise programmes</li> <li>▪ Mental stimulation programmes</li> <li>▪ Create safe environment</li> </ul> <ul style="list-style-type: none"> <li>▪ Orientation program</li> <li>▪ Separate facility (room) for rehabilitation</li> <li>▪ Supervision continuous and observation</li> <li>▪ Conducive friendly environment</li> <li>▪ Create safe environment</li> <li>▪ Free movement within specific secured area</li> <li>▪ Specific medication monitoring</li> <li>▪ Adjusted recreation activities e.g. Coloring books</li> <li>▪ Provision of assistive devices</li> </ul>
--	--	---



	<p>2.10.5. Public Education on issues of ageing, including dementia</p> <p>2.10.6. Have a program for Counseling services to residents and family members who need these services</p> <p>2.10.7 Implementation and monitoring of outreach programmes</p> <p>2.10.8. Provision of beds for the temporary accommodation of older persons at risk.</p>	<ul style="list-style-type: none"> <li>▪ Physiotherapy and occupational services when applicable</li> <li>▪ Educating staff</li> <li>▪ Awareness and Education programmes targeting communities and family members</li> <li>▪ When applicable and if suitable skilled resources are available</li> <li>▪ At least one outreach program per facility</li> <li>▪ Meet the requirements for registration as a service for community based services according to the Act.</li> <li>▪ One bed per registered facility to be subsidised on the unit cost of the facility</li> </ul>
<p>2.11. Health and safety</p>	<p>2.11.1 Respite Care services.</p> <p>2.11.2 Sport and recreational activities.</p> <p>2.11.3 Cleaning Services.</p>	<ul style="list-style-type: none"> <li>▪ Respite care available as per the need for such service</li> <li>▪ Regular programmes appropriate for the needs and limitations for the persons being cared for.</li> <li>▪ All persons to be out of bed at least twice a day and appropriately dressed.</li> <li>▪ Participation in organised activities, including but not limited to reading, radio and TV, religious and cultural activities.</li> <li>▪ Program for normal and deep cleaning to be in place</li> <li>▪ All contracted service providers to be registered with the Department as a service provider to older persons</li> <li>▪ Cleaning schedule for the cleaning of all areas of the facility must be in place</li> </ul>

	<p>2.11.4 Infection Control.</p> <p>2.11.5 Medical Waste Management</p>	<ul style="list-style-type: none"> <li>▪ Adhere to applicable regulations, Policies and Procedures regarding Infection Control.</li> <li>▪ Policies and Procedures regarding infection control to be in place and available to all staff</li> <li>▪ Keep statistical data on all infections</li> <li>▪ Pest control policies and programmes must be in place</li> <li>▪ Management of medical waste according to local government regulations</li> <li>▪ Operational control of the service</li> <li>▪ Policies in place regarding the storage of waste material until collection as well as the collection protocol</li> <li>▪ Hygiene management of all areas and pest control</li> </ul>
<p>2.12 Emergency services.</p>	<p>2.12.1. Protocol and required policies in place to secure emergency services.</p>	<ul style="list-style-type: none"> <li>▪ Accessibility of emergency services - Telephone number of emergency services prominently displayed</li> <li>▪ Proof of arrangements with emergency services with regard to management of emergencies</li> <li>▪ Emergency plan approved by relevant authorities</li> <li>▪ Access control protocol in place</li> <li>▪ Safety officers appointed</li> <li>▪ Evaluation procedures for OH&amp;S (Occupation Health and Safety) in place</li> <li>▪ Proof of arrangement with doctors on call, local hospital, ambulance service, contact numbers for support services South African Police Service and nearest family member</li> <li>▪ Fire fighting equipment available, optimally placed and annually serviced, inspected and reported on.</li> <li>▪ Fire drills must be done and documented at least twice a year with residents</li> </ul> <p>Staff trained in the effective use of fire fighting equipment.</p>

**ANNEXURE C****CODE OF CONDUCT FOR COMMUNITY-BASED CAREGIVERS**

1. A caregiver must at all times—
  - (a) treat older persons with respect and dignity and honour their right to appropriate care, privacy, cultural and religious beliefs, confidentiality and habits;
  - (b) act with integrity and conscientiously in the performance of his or her duties;
  - (c) discharge his or her duties with efficiency, competency, due care and diligence;
  - (d) maintain effective inter-personal skills recognizing the importance of personal and courteous communication;
  - (e) not engage in any act of dishonesty, corruption or bribery;
  - (f) protect older persons against any form of danger;
  - (g) take the necessary action to prevent and combat any form of abuse, exploitation or victimization of older persons;
  - (h) be accountable for the quality of care given and strive to advance knowledge and skills through ongoing training;
  - (i) provide older persons and their families with clear information on the execution of care-giving tasks;
  - (j) refer questions concerning the older persons health status to family members of the older person; and
  - (k) report any allegation or suspicion of abuse to the relevant authorities.
  
2. A caregiver, must at all times, execute his or her duties in accordance with the instructions of the employer and the applicable job description and endeavour to maintain the highest possible standard of service. This includes:
  - (a) Adherence to specified duty hours;
  - (b) willingness to work outside duty hours in times of an emergency;
  - (c) dress appropriately to the task;
  - (d) respect for the dignity of the older person;

- (e) recognizing the importance of supervision and in-service training provided by the employer;
- (f) adhering to the human resource guidelines and requirements of the employer;
- (g) maintaining confidentiality at all times; and
- (h) that information regarding the client and care-giving is regularly communicated to the employer by way of written or oral reports.

3. A caregiver is required to—

- (a) furnish the employer with the necessary contact information in the event of an emergency;
- (b) report any changes in the contact information timeously;
- (c) ensure that he or she has a job description, caregiver registration certificate and the code of conduct available when on duty;
- (d) ensure that his or her name appears on the register for caregivers kept by the Minister in terms of section 14(3)(a) of the Older Persons Act, 2006.

**ANNEXURE A**

**CONSOLIDATED FORMS**

**FORM 1**  
**APPLICATION FOR FINANCIAL AWARD**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

I, \_\_\_\_\_ (full names and surname) on behalf of .....(organisation's name and NPO number, hereby applies for a financial award referred to in section 8(1) of the Older Persons Act, 2006 (Act No. 13 of 2006).

I provide the following services to (number) \_\_\_\_\_ older persons (see attached list) at the place known as \_\_\_\_\_ situated \_\_\_\_\_ at \_\_\_\_\_ (physical \_\_\_\_\_ address)

Service provided			
Registration number:			
Date of establishment of service:			
Number of staff delivering service (Attach register of names)			
Number of beneficiaries ( Attach register of names)			
Physical address			
Postal address			
Telephone No		Fax	
e-mail			
Cell No			

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for rejecting the application.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Place**

\_\_\_\_\_  
**Date**

**Documents to be attached to the form**

- Business plan of organization and a list of services rendered by organization
- Names and certified copies of ID of members of the organization
- Constitution of the organization
- NPO registration certificate, if registered as an NPO
- Any other registration certificates or documents that can support the application
- Audited financial statements for at least six months
- Names and contact details of Auditors
- Background information on receiving previous financial awards
- Provide reference and contact details of persons / organizations supporting the application
- Disclose all sources of funding / income
- Register of list of beneficiaries
- Register of names of staff members rendering the services

**FORM 2**  
**APPLICATION FOR REGISTRATION**  
**OF COMMUNITY-BASED CARE AND SUPPORT SERVICE**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

**(For an applicant that is an organization)**

\_\_\_\_\_ (full name of organization) herein  
 represented by \_\_\_\_\_ (full names and identity number),

in his or her capacity as \_\_\_\_\_ duly  
 authorized in terms of resolution no \_\_\_\_\_ dated \_\_\_\_\_ (attach a  
 certified copy of the resolution)

OR

**(For an applicant that is an individual)**

\_\_\_\_\_ (full names and identity number  
 of individual applicant),

apply for registration of the services listed in section B hereof.

**Section A: Basic details of the Service Provider (Organization or individual)**

1. Name of Organization/ Individual
2. Registration number (if applicable)
  - 2.1 Non Profit Organizations number (if any):
  - 2.2 Company or trust registration number (if any):
  - 2.3 Any other registration details (specify):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.4 Has your registration ever been suspended or cancelled:

YES/NO



If yes, please provide details:

---

---

---

### 3. Address details

3.1 Physical and postal address of Administration Office:

---

---

---

3.2 Physical addresses and telephone numbers of service locations (identify facility)

- (i) \_\_\_\_\_ postal code \_\_\_\_\_  
(ii) \_\_\_\_\_ postal code \_\_\_\_\_  
(iii) \_\_\_\_\_ postal code \_\_\_\_\_  
(iv) \_\_\_\_\_ postal code \_\_\_\_\_

(If there are more service locations please attach a list)

### 4. Financial details

4.1 Do you have a bank account?

YES/NO

If yes, provide following details

- (i) Bank: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Type Account: \_\_\_\_\_  
Account no: \_\_\_\_\_  
Branch Code: \_\_\_\_\_

4.2 Do you have an auditor?

YES/NO

If yes, provide details

- (i) Name: \_\_\_\_\_  
(ii) Address : \_\_\_\_\_  
(iii) Telephone number: \_\_\_\_\_

### 4.3 Audited Financial Statements

Please attach a copy of your Audited Financial Statements for the past six months. If you do not have Audited Financial Statements please give the reasons therefore and attach financial reports.

---



---



---

5. Governance Details

5.1 Constitution : Please attach a certified copy.

5.2 Details of Governing Body:

Please attach a list of senior members of your organization with names and identity numbers.

Please disclose and provide details of family interests or relationships pertaining to the organisation and staff:

---



---



---

5.3 Do you hold General Members Meetings

YES/ NO

If yes, attach a copy of the minutes of the last meeting

6. Beneficiaries

How many older persons benefit from the services provided?

---

Declaration

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

Signature	Place	Date

Full Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Copy of ID to be attached

**Section B: Community-based care and support services**

1. Name of applicant (as in section A)

\_\_\_\_\_

(i) Organisation or Company:

\_\_\_\_\_

(ii) Individual :

2. Description of Community -based care and support services

When was the services first established : (date)

\_\_\_\_\_

What services are rendered (please tick) (Attach copy of your services plan

- Meals
- Meals-on-wheels,
- Transport
- Primary Health Care
- Home-based care
- Assisted Living Services
- Respite Care Services
- Palliative Care Services
- Full Frail Care Services
- Emergency Care Services
- Physical Exercises
- Recreation
- Income Generation
- Socialisation
- Culture and Spiritual
- Home visits
- Advice
- Respite care
- Group Support
- Education and Training
- Counseling (social work)
- Temporary accommodation
- Other, Please specify

---



---



---

On how many days or hours per week do you operate? Tick

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Does the service operate over weekends and public holidays?

### 3. Beneficiaries

Please give a breakdown of older persons who benefit from the services on a weekly basis

(i) Total Number of older persons:

---

(ii) Frail, disabled (please specify):

---



---



---

### 4. Funding of the Services

Do you receive a grant/ subsidy from the Department of Social Development

YES /  NO

If yes, what amount do you receive on a monthly basis:

R \_\_\_\_\_

Do you receive a grant from the local authority

YES /  NO

If yes, what amount do you receive per month or per annum:

R \_\_\_\_\_

Have you applied for funding from the Department of Social Development which was turned down?

YES /  NO

If yes give details:

---



---



---

Do beneficiaries pay for the services

YES /  NO

If yes what do beneficiaries pay for the services per month/per day/per hour R \_\_\_\_\_ per individual?

If no, please give your reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Human Resources**

Do you have paid staff members

YES /  NO

Do you have volunteers.

If so, how many.

Do you pay transport costs of volunteers.

If yes, give breakdown of employed staff and volunteers:

POSITION	NO	TASKS

If you do not use paid staff members, how do you render the services?:

(a) Volunteers

YES /  NO

(b) Partnership workers, provided by other organizations

YES /  NO

How many volunteers on a monthly basis render services \_\_\_\_\_ and the estimated total hours of volunteer work \_\_\_\_\_

6. Service Locations

Provide a list of places and areas where services are rendered.

AREA	PLACE
(i)	
(ii)	
(iii)	
(iv)	
(v)	

If you render services at more locations please attach a list.

Provide sketch plans of the above facilities

Facilities in service delivery (please tick):

- Hall
- Offices
- Kitchen
- Store Room
- Dining Room
- Clinic
- Library
- Bathrooms/Showers
- Toilets
- Wash Basins
- Other (specify)

---



---



---

If you do not have the above facilities at your disposal, how do you render the services? Give details:

---



---



---



---



---



---

Basic amenities and equipment to render services. Please tick below:

- Kettle or urns
- Stove
- Fire
- Fridge
- Water supply
- Power supply
- Catering utensils
- Plates, cups etc
- Tables and chairs
- Recreation equipment
- Primary Health Care equipment
- Assistive devices (wheel chairs, tripods, commodes, walking sticks)
- Other, provide list:

---



---



---

Please attach a list of the equipment used in the facility

7. Business Plan

Do you render your services according to a business plan? YES/NO

If yes, please attach your business plan to section B

If no, please indicate the reasons below:

- A new service
- An outreach service from residential care facilities
- Other, please specify:

---



---



---

If your services are linked to other services, please give details:

---



---



---

**FORM 3  
REGISTRATION CERTIFICATE  
OF COMMUNITY-BASED CARE AND SUPPORT SERVICE**

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to (name Of Community Based Care And Support Service)

\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the above-mentioned Community-Based Care And Support Service for older persons situated at (physical address and beneficiaries)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 13 of the Older Persons Act, 2006 (Act No. 13 of 2006) to deliver services to .....beneficiaries.

This certificate is valid with effect from \_\_\_\_\_  
(dd/mm/yyyy) until.....

This certificate is issued in terms of section 13(3) of the Older Persons Act, 2006 and is not transferable.

(OFFICIAL STAMP)

\_\_\_\_\_  
**DIRECTOR-GENERAL**  
**DATE:** .....  
**PLACE:**.....



**FORM 4**  
**TEMPORARY REGISTRATION CERTIFICATE**  
**OF COMMUNITY-BASED CARE AND SUPPORT SERVICE**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Temporary Registration Certificate No. \_\_\_\_\_

Issued to (name of Community-Based Care And Support Service)

\_\_\_\_\_

It is hereby certified that the abovementioned Community-Based Care And Support Service for older persons situated at (physical address and capacity)

\_\_\_\_\_

has been registered in terms of section 13 of the Older Persons Act, 2006 (Act No. 13 of 2006), subject to the following conditions:

Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This certificate is valid for a period of six months with effect from \_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy).

NB. This certificate is issued in terms of section 13 of the Older Persons Act, 2006 and is not transferable.

\_\_\_\_\_  
**DIRECTOR-GENERAL**

**DATE:** .....

**PLACE:**.....

(OFFICIAL STAMP)

**FORM 5**  
**NOTICE OF INTENTION TO TERMINATE COMMUNITY-BASED**  
**CARE AND SUPPORT SERVICE**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: The Director-General  
Department of Social Development

Notice is hereby given, in terms of section 13(4)(a) of the Act, of the intention to terminate the following community-based care and support service. The said termination will take effect as from.....

Service to be terminated: \_\_\_\_\_

The reasons for the termination are—

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Take further notice that as required in terms of section 13(4)(b) and (c) of the Act, the following arrangements are being made to inform the older person(s) in my/our care of the intended termination of the service. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

It is our intention to refer the older person(s) currently benefiting from our services to another person or organisation who provides similar services in the following area. \_\_\_\_\_

The details of the said person or organisation will be forwarded to you 30 days before the termination date mentioned above.

Details of organization/individual:

Name:

\_\_\_\_\_

ID No.

Registration certificate No: \_\_\_\_\_

Physical  
address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Cell No. \_\_\_\_\_ E-mail address \_\_\_\_\_

List of beneficiaries, names, addresses and ID numbers

I undertake to fulfill any obligations in terms of the Act before the date of termination.

\_\_\_\_\_  
**COMMUNITY-BASED CARE AND  
SUPPORT SERVICE PROVIDER**  
Name: .....  
Capacity: .....  
Date: .....

**FORM 6**  
**ACKNOWLEDGEMENT OF RECEIPT**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: ACKNOWLEDGEMENT OF NOTICE OF INTENTION TO TERMINATE  
COMMUNITY-BASED CARE AND SUPPORT SERVICE**

I hereby acknowledge receipt of your notice of intention to terminate community-based care and support services to older persons.

The contents have been noted, and I anticipate your compliance with the provisions of section 13(4)(b) and (c) of the Act.

Your co-operation is highly appreciated.

\_\_\_\_\_  
**DIRECTOR- GENERAL**

**DATE:**

**FORM 7**  
**APPLICATION FOR REGISTRATION**  
**AS A CAREGIVER**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

In terms of section 14 of the Older Persons Act, 2006, I,  
 \_\_\_\_\_ (full names and surname),  
 hereby apply for registration as a caregiver.

**SECTION A**

(Details of applicant)

Name and Surname					
Preferred Name					
ID No			Date of birth		
Age		Nationality		Gender	

Physical address					
Postal address					
Telephone No			Fax	Cell	
E-mail address					

**EDUCATION (Attach copies of relevant certificates)**

School, College or University	Standard / Qualifications	Date

**Other training (Attach copies of relevant certificates)**

Course / Qualification	Institution	Date

CONVICTED OF CRIMINAL OFFENCE	Y	N	Details

**(SECTION B**

(Declaration and attachments)

**Declaration**

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

\_\_\_\_\_  
**Signature of applicant**\_\_\_\_\_  
**Place**\_\_\_\_\_  
**Date****Certified copies submitted**

- ID  
 Certificate of qualifications

Other (please specify) \_\_\_\_\_

**SECTION D**

(For office use)

Application Number	Registration details			Signature
	Full registration	Y	N	<hr/> <b>DIRECTOR-GENERAL</b> <b>DATE: .....</b>
	Or			
	Temporary registration	Y	N	

<b>Registration Certificate</b> <b>No.</b>	
---	--

**FORM 8  
REGISTRATION CERTIFICATE  
OF CAREGIVER**

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

This is to certify that

Name .....

ID .....

has been registered as a caregiver in terms of section 14 of the Older  
Persons Act, 2006.

Registration No .....

**MINISTER OF SOCIAL DEVELOPMENT  
DATE**

**OFFICIAL STAMP**



**FORM 9****APPLICATION FOR REGISTRATION AS A  
RESIDENTIAL FACILITY****DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)****(where applicant is an organisation)**

A. \_\_\_\_\_ (full name of facility)  
 run under the auspices of \_\_\_\_\_ (name of organisation)  
 herein represented by \_\_\_\_\_ (full names and  
 surname),  
 in \_\_\_\_\_ his \_\_\_\_\_ or \_\_\_\_\_ her \_\_\_\_\_ capacity  
 as \_\_\_\_\_ duly authorised in  
 terms of resolution no \_\_\_\_\_ dated \_\_\_\_\_ (attach a certified  
 copy of the resolution)

OR

**(where the applicant is an individual)**

B. \_\_\_\_\_ (full name of individual  
 applicant)

hereby applies for registration of the abovementioned residential facility in terms of  
 section 18(1) of the Older Persons Act, 2006 (Act No. 13 of 2006).

**SECTION A (Details of Organisation and Residential facility)**

Name of Organisation:	
Organisation Registration No:	
Date of Registration:	

NPO No or other registration No:			
Name of residential facility:			
Previous Registration no. of residential facility:	<b>(only if applicable)</b>		
Capacity of residential facility			
Levels of service offered			
Date of establishment			
Number of residents of residential facility			
No of staff of residential facility: (Attach list)			
Physical address of residential facility:			
Postal address of residential facility:			
Telephone No		Fax	
Email address of residential facility			

**SECTION B**

(Details of individual applicant)

Name and Surname					
Preferred Name					
ID No			Date of birth		
Age		Nationality		Sex	

Physical address					
Postal address					
E-mail address:					
Telephone No		Fax		Cell	

**EDUCATION (Attach copies of relevant certificates)**

School, College or University	Standard / Qualifications	Date

**Other training (Attach copies of relevant certificates)**

Course / Qualification	Institution	Date

CONVICTED OF CRIMINAL OFFENCE	Y	N	Details

CRIMINAL RECORD OF OWNER/OPERATOR/ STAFF MEMBERS	
--	--

**SECTION C**

(Declaration and attachments)

**Declaration**

I declare that the above information is true and correct. I understand that any misrepresentation or omission of pertinent information may be considered as sufficient grounds for withdrawal of registration.

\_\_\_\_\_  
**Signature of applicant**                      **Place**                      **Date**

Full Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

**Copies submitted:**

- ID (individual applicants only)
- Certificate of qualifications (individual applicants only)
- List of older persons under my/our care
- Levels of care offered
- Certificate of Health Inspector
- Copy of building plans (where facility is new and not previously registered)
- Report from the Department of Social Development
- House rules
- Business
- Proof that the residential facility complies with national or local building regulations

Other (please specify) \_\_\_\_\_

**SECTION D**

(For office use)

Application Number	Registration details			Signature
	Full registration	Y	N	<hr/> <b>MINISTER</b> <b>DATE: .....</b>
	Or			
	Temporary registration	Y	N	

<b>Registration Certificate No.</b>	
-------------------------------------	--

**FORM 10  
REGISTRATION CERTIFICATE  
OF RESIDENTIAL FACILITY**

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to (name of residential facility)

\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the abovementioned residential facility for older persons situated at (physical address)

\_\_\_\_\_  
\_\_\_\_\_

has been registered in terms of section 18 of the Older Persons Act, 2006 (Act No. 13 of 2006) to accommodate \_\_\_\_\_ older persons.

Levels of care provided \_\_\_\_\_

This certificate is valid with effect from \_\_\_\_\_  
(dd/mm/yyyy) until .....

NB. This certificate is issued in terms of section 18(3) of the Older Persons Act, 2006 and is not transferable.

NB: This certificate must be displayed at the entrance/ reception area of the residential facility where it can be seen by the residents of the residential facility and by members of the public.

(OFFICIAL STAMP)

\_\_\_\_\_  
**MINISTER**  
DATE: .....

**FORM 11  
TEMPORARY REGISTRATION CERTIFICATE  
OF RESIDENTIAL FACILITY**

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

Registration Certificate No. \_\_\_\_\_

Issued to (name of residential facility)

\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the abovementioned residential facility for older persons  
situated at (physical address)

\_\_\_\_\_  
\_\_\_\_\_

has been temporarily registered in terms of section 18 of the Older Persons Act,  
2006 (Act No. 13 of 2006), subject to the following conditions:

Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This certificate is valid for a period of \_\_\_\_\_ with effect from  
\_\_\_\_\_ (dd/mm/yyyy) to \_\_\_\_\_ (dd/mm/yyyy).

NB. This certificate is issued in terms of section 18(3)(b) of the Older Persons Act,  
2006 and is not transferable.

NB: This certificate must be displayed in the entrance/ reception area of the  
residential facility where it can be seen by the residents and members of the public.

\_\_\_\_\_  
**MINISTER**

**DATE:** .....

(OFFICIAL STAMP)

**FORM 12  
NOTICE OF INTENTION TO CLOSE RESIDENTIAL FACILITY**

**DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: The Minister of Social Development

Notice is hereby given, in terms of section 19 of the Act, of the intention to close the residential facility. The said closure will take effect as from.....

The reasons for the closure are—

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Take further notice that as required in terms of section 19(3)(b) of the Act, the following arrangements are being made to accommodate the older person(s) in my/our care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I undertake to fulfill any obligations in terms of the Act before the date of closure.

\_\_\_\_\_  
**OPERATOR OF RESIDENTIAL  
FACILITY**  
**Name:** .....  
**Capacity:** .....  
**Date:** .....



**FORM 13**  
**ACKNOWLEDGEMENT OF RECEIPT**

**DEPARTMENT OF SOCIAL DEVELOPMENT**  
**OLDER PERSONS ACT, 2006 (ACT NO. 13 OF 2006)**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RE: ACKNOWLEDGEMENT OF NOTICE OF INTENTION TO CLOSE  
RESIDENTIAL FACILITY**

I hereby acknowledge receipt of your notice of intention to close the residential facility.

The contents have been noted, and I anticipate your compliance with the provisions of section 19 of the Act.

Your co-operation is highly appreciated.

\_\_\_\_\_  
**MINISTER**

**DATE:**

## FORM 14

## REGISTER OF PERSONS CONVICTED OF ABUSE OF OLDER PERSONS

DEPARTMENT OF SOCIAL DEVELOPMENT  
OLDER PERSONS ACT, 2006 (ACT NO. 13 of 2006)

## PART A: DETAILS OF PERPETRATOR

Case no.	Name of convicted person	Gender	Physical address	Identity number	Offence	Penalty	Area where offence was committed	Date
		M   F						
		AGE						

## PART B: DETAILS OF VICTIM

Cas e no	Name of victim	Identity Number	Gender	Physic al address	Place /address s where abuse occurred	Type of abus e	Who reported	Date
			M   F				Name	Relationship to victim
			AGE				e	

## PART C: RELATIONSHIP BETWEEN PERPETRATOR AND VICTIM:

---



---



---