

**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)	
Residential 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 a 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,
- 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  
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REVERSE SIDE OF FORM 1

**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 may at any time before the procedure 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 SOCIAL OR CULTURAL CIRCUMCISION**  
 (Regulation 5)  
 [SECTION 12(9) OF THE CHILDREN'S ACT 38 OF 2005]

**PART A: PARTICULARS OF CHILD**

Full name of child	
Date of birth /ID number	
Residential address of child	
Telephone contact details	
Cell phone number	

**PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION**

Name	
Address of practice	
ID number	
HPCSA registration number (in the case of a medical practitioner)	
Telephone contact details	Phone : Fax : E-mail :
Cell phone number	
Medical diagnosis requiring circumcision	
Date of circumcision	

- I confirm that I have received sufficient proof that the child is 16 years or older.
- I confirm that appropriate conservative treatment has been used and a circumcision is medically Necessary (if administered by a medical practitioner).
- I confirm that appropriate anesthesia will be used (if administered by a medical practitioner).
- I have explained to the child the following:

- The nature of a circumcision.
- The different methods to perform a circumcision.
- The 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 child an opportunity to ask questions.

\_\_\_\_\_  
 Signature of person administering circumcision/medical practitioner

Date:

PLEASE SEE REVERSE HEREOF

**REVERSE SIDE OF FORM 2****PART C: CONSENT BY CHILD**

I, \_\_\_\_\_ (insert 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.
- confirm that I have been given the opportunity to refuse the circumcision in terms of section 12(10) of the Act.

\_\_\_\_\_  
Signature of child

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.

I confirm that the child has been given the opportunity to refuse the circumcision in terms of Section 12(10) of the Act.

\_\_\_\_\_  
Parent / guardian

Date:

**FORM 3**  
**CONSENT TO RELIGIOUS CIRCUMCISION**  
**(Regulation 6)**  
**[SECTION 12(8) OF THE CHILDREN'S ACT 38 OF 2005]**

**PART A: PARTICULARS OF CHILD**

Full name of child	
Date of birth/ID number	
Residential address of child	
Postal address	
Telephone Contact details	Phone: Fax: E-mail:
Cell phone number	
Age of child	

**PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION**

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

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.  
 I confirm that appropriate anesthesia will be used

Signature of \* medical practitioner / person administering the circumcision

Date:

PLEASE SEE REVERSE HEREOF

## REVERSE SIDE OF FORM 3

## PART C: CONSENT BY PARENTS OR GUARDIAN WHERE CHILD IS UNDER THE AGE OF 16

We/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/us.
- confirm that I/we have been given an opportunity to ask questions.
- consent to a religious circumcision but understand that I/we may at any time before the procedure withdraw my/our consent.

\_\_\_\_\_  
Parent / guardian  
Date:

\_\_\_\_\_  
Signature of witness  
Date:

## FORM 4

GENERAL REQUIREMENTS REGARDING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT  
(Regulation 7)

[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	
Cell phone 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	
Cell phone 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

**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 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)**

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**Part E: Details of application for registration of parental responsibilities and rights agreement 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 parental responsibilities and rights agreement at the Office of the Family Advocate to be made an order of the honorable court.

-----  
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 5**  
**STATEMENT OF FAMILY ADVOCATE CONCERNING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT**  
**(Regulation 7)**  
**[SECTION 22(5) OF THE CHILDREN'S ACT 38 OF 2005]**

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 6**  
**STATEMENT OF OUTCOME OF MEDIATION**  
**(Regulation 8)**  
**[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)

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

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 7**  
**CONFIRMATION OF NON-ATTENDANCE OF MEDIATION**  
**(Regulation 8**  
**[SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]**

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 -----(ive date and time) by means of:

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

Details of Family Advocate (where applicable)

Official stamp   
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_____ Name of Family Advocate  ----- Signature of Family advocate  ----- Place  ----- Date
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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 8**  
**APPLICATION FOR REGISTRATION OF A PARENTING PLAN OR FOR PARENTING PLAN TO BE MADE AN ORDER**  
**OF COURT**  
**(Regulation 9)**  
**[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	
Cell phone 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	
Cell phone 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	
Cell phone 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 honorable 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 9**

**Form 10**

(Tick whichever is applicable)

-----  
Signature of applicant

-----  
Signature of applicant

-----  
Date

**FORM 9**  
**STATEMENT OF FAMILY ADVOCATE, SOCIAL WORKER OR PSYCHOLOGIST THAT PARENTING PLAN WAS**  
**PREPARED AFTER ASSISTANCE**  
 (Regulation 10)  
 [SECTION 33(2) AND (5) OF THE CHILDREN'S ACT 38 OF 2005]

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 8 between .....  
and

.....  
(insert names of parties)

was prepared after assistance by myself and 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
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Name of Family Advocate/ Social worker/Psychologist
_____ Signature of Family Advocate/Social worker/Psychologist
_____ Place
_____ Date
_____ Telephone number
Address: Name of organization:

**FORM 10**  
**STATEMENT OF SOCIAL WORKER OR OTHER SUITABLY QUALIFIED PERSON THAT PARENTING PLAN WAS**  
**PREPARED AFTER MEDIATION**  
**(Regulation 10)**  
**[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 8** between .....  
and

.....  
(insert names of parties)

was prepared after mediation by myself and 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 have been given an opportunity to express their views, and have given these views due consideration-----  
-----

-----

Telephone contact details:

Signed

Address:

-----

Organisation:

Date

Signature of Parties:

- 1.....
- 2.....

**FORM 11**  
**APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /**  
**RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY**  
 (\* DELETE WHICH IS NOT APPLICABLE)  
 (Regulation 14)  
**[SECTION 81 OF THE CHILDREN'S ACT 38 OF 2005]**

(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 14(4)(a);
- the constitution containing the information prescribed by regulation 14(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)

<b>GENERAL REMARKS</b>
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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 12

**CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY  
(\* DELETE WHICH IS NOT APPLICABLE)  
(Regulation 15)  
[SECTION 82 OF THE CHILDREN'S ACT 38 OF 2005]**

It is hereby certified that:

- the following partial care facility has been registered in terms of section 82 of the Act
- the following partial care facility has been conditionally registered in terms of section 83 of the Act;
- the registration of the following partial care facility has been renewed in terms of section 82 of the Act
- the registration of the following partial care facility has been conditionally renewed in terms of section 83 of the Act
- 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

**REVERSE SIDE OF FORM 12**

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

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\_\_\_\_\_  
Provincial Head: Social Development  
Municipal Manager  
Province/Municipality: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

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

Name of applicant: \_\_\_\_\_

Name of partial care facility: \_\_\_\_\_

Physical address of partial care facility: \_\_\_\_\_

\_\_\_\_\_

Date of application: \_\_\_\_\_

The application has been refused for the following reasons:

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

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



FORM 14

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

Name of appellant: \_\_\_\_\_

Name of partial care facility: \_\_\_\_\_

Physical address of partial care facility: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
APPLICANT/REGISTRATION HOLDER

\_\_\_\_\_  
DATE

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

## FORM 15

**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 88(6) OF THE ACT IN  
RESPECT OF A PARTIAL CARE FACILITY  
(Regulation 16)  
[SECTION 88 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: \_\_\_\_\_

Name of partial care facility: \_\_\_\_\_

Physical address of partial care facility: \_\_\_\_\_

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

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

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

My reasons for appealing against the decision are attached.

\_\_\_\_\_  
APPLICANT / REGISTRATION HOLDER\_\_\_\_\_  
DATE**NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was take**

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

(A) **PARTICULARS OF APPLICANT**

Name of applicant: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_ Postal code: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

(B) **CHILDREN**

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

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

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

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

(C) **SUPPORTING DOCUMENTS**

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

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

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



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

It is hereby certified that an early childhood development programme :

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

on \_\_\_\_\_ (insert date) in favour of \_\_\_\_\_.

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

Number of children with special needs-----

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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\_\_\_\_\_  
Provincial Head: Social Development/

Municipal Manager

Province/Municipality: \_\_\_\_\_

Date of issue: \_\_\_\_\_

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

Name of applicant: \_\_\_\_\_

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

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

Date of application: \_\_\_\_\_

The application has been refused for the following reasons:

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

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

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

Name of appellant: \_\_\_\_\_

Physical address of appellant: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

My reasons for appealing against the decision are attached.

\_\_\_\_\_  
 APPLICANT / REGISTRATION HOLDER

\_\_\_\_\_  
 DATE

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



**FORM 20**  
**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 102(6) OF THE ACT IN**  
**RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME**  
**(Regulation 26)**  
**[SECTION 102(6) OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: \_\_\_\_\_

Physical address of appellant \_\_\_\_\_

\_\_\_\_\_

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

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

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

My reasons for appealing against the decision are attached.

\_\_\_\_\_  
 APPLICANT / REGISTRATION HOLDER

\_\_\_\_\_  
 DATE

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

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

Name of Department of Social Development official:

Date of visit:

(A)

EARLY CHILDHOOD  
DEVELOPMENT  
PROGRAMME

Name of ECD Programme:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

(B)

STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

(C) **CHILDREN**

Number of children registered:

Number of children present on day of review:

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

(D) **MANAGEMENT**

Admission / Registration forms available: Yes/No

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

Are there job descriptions for all staff? Yes/No

Is there a Staff Development Plan? Yes/No

Admission policy Yes/No

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

Admission policy of children with disabilities Yes/No

Other policies: Specify

Outings procedure:

Complaints procedure:

Emergency plan:

First Aid kit:

Attendance Register:

Accident register:

Abuse register:

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(E) **Active learning**

**Daily programme**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

**Toys**

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

**Equipment**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Children's work displayed?	Yes/No
Appropriate books available?	Yes/No
Creative materials available?	Yes/No
Puzzles available?	Yes/No

(F) **OBSERVATION BY REVIEWER**

**Practitioner – child interactions**

Detail:

**Child – child interactions**

Detail:

**Discipline**

Detail:

**Provision of variety of play materials**

Detail:

**Any other relevant observations**

Detail:

(G) **SUPPORT**

**Changes agreed with practitioners**

1. Give details of the change agreed:

\_\_\_\_\_

By when:

Support from DoSD:

\_\_\_\_\_

2. Give details of the change agreed:

\_\_\_\_\_

By when:

Support from DoSD:

\_\_\_\_\_

3. Give details of the change agreed:

\_\_\_\_\_

By when:

Support from DoSD:

\_\_\_\_\_

**SIGNED:**

\_\_\_\_\_

Quality Assurance Reviewer (name and date):

Supervisor/Practitioner (name and date):

\_\_\_\_\_

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

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

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO: The Head of the Department

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

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

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

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

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

(\* ) = Complete if available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

(\*) = Complete if available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

(\*) = Complete if information is available or applicable



<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

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

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

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

(\*) = Complete if information is available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

Signature of person reporting alleged abuse: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Official Stamp of Department / child protection organisation</b>

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

**REPORTING OF ABUSE TO DIRECTOR-GENERAL**

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO: The Director-General

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

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

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

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

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

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

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

(\* ) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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

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

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

(\* ) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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

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

(\*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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

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

Other (specify):

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

(\*) = Complete if information is available or applicable

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

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

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

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

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

<b>13.5) Evaluation of case</b>

<b>13.6) Planning for family and child at risk</b>
--



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

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

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

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

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

Signature of investigating designated social worker: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Official Stamp of Provincial Department / child protection organisation</b>

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

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

Dear Sir / Madam

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

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

Details of alleged offender:

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

(\* - if available or applicable)

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

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

Motivation for removal of alleged offender:

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

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

Name of person submitting request: .....

Signature: .....

Capacity / rank:

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

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

Dear Sir / Madam

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

**FOR COMPLETION IN ALL CASES:**

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

(\* - Complete where available or applicable)

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

**If Yes, Complete the following:**

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

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

(\* - Complete where available or applicable)

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

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

(\* - Complete where available or applicable)

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

Yours sincerely

\_\_\_\_\_  
 (Signature of registrar or clerk of the court)

\_\_\_\_\_  
 (Date)

**Postal Address of Court:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number of Court:**

<p><b>Official Stamp of the Registrar of the Court or Date of the Court</b></p>
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**FORM 26**

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

**(Regulation 40)**

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

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

Dear Sir / Madam

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

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

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

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

My postal address is:

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

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

.....  
.....

Yours sincerely

(Name)

(Date)

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

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



## FORM 28

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

(Regulation 42)

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

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

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

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

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