

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

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

If Yes, Complete the following:

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

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

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

(* - if available or applicable)

Yours sincerely

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

Telephone No. _____

(Date)

Official Stamp of the Registrar of the Court

FORM 29

**INQUIRY BY EMPLOYER TO ESTABLISH WHETHER PERSON'S NAME APPEARS IN PART B OF NATIONAL CHILD
PROTECTION REGISTER**

(Regulation 44)

[SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

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

In the event that his/her name is included in Part B of the Register, kindly furnish reason why this was done.

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

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

Personal details of person employed or to be employed.

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

Yours sincerely

(Signature)

(Date)

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

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

Dear Sir / Madam

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

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

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

My personal details are:

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

Yours sincerely

(Signature)

(Date)

FORM 31

APPLICATION FOR REMOVAL OF NAME ERRONEOUSLY ENTERED IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 45)

[SECTION 128(2) OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

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

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

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

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

2. REASONS:

- incorrect identity number
- incorrect reflection of name, surname and other particulars
- incident linked to the wrong person
- incident linked to the wrong child
- other

3. CLARIFICATION:**4. CONTACT DETAILS:**

Postal address:

Physical address:

Email:

Telephone No:

Cellular No:

5. ATTACHED DOCUMENTS:

The following additional particulars are attached:

- an affidavit setting out the grounds for this application

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

Yours sincerely

(Signature)

(Date)

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

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

Dear Sir / Madam

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

Full names and surname of applicant:

Physical address of applicant:

.....

Identification number of applicant:*

Any other relevant details:

Outcome of application (finding):

.....

Name and address of court in which finding was made:

.....

Date of finding:

Case number:

(* - if available)

Register reference number:

 (Signature of registrar or clerk of the court)

 (Date)

Postal address of court:

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

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

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

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

Applicant details

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

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

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

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

Part B: Details of medical treatment/surgical operation

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

.....

Part C: Motivation for seeking consent of the Minister

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

Motivation:.....

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

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

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

- Parent cannot readily be traced/ is deceased*

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

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

- Child unreasonably refusing to give consent

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

Part D: Consent/ refusal of consent by Minister

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

- I(insert name), duly authorized, do not consent to the medical treatment/ the performance on the surgical operation applied for.

Tick whichever is applicable

.....

Signature

.....

Full name

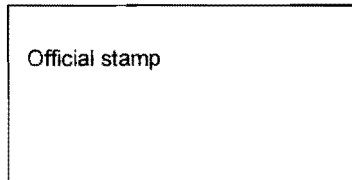
.....

Designation

.....

.....

Date



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

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

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

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

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

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

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

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

Parent/Guardian 1

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

Parent/guardian 2 (where necessary or desirable)

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

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

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

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

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

.....

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

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

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

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

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

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

Date:

Part C Consent of the child.

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

.....

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

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

.....
Signature of child

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

Date.....

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

.....
Signature parent(s)/guardian(s)

.....
Full name of parent or guardian

.....
Date

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

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

Child upon whom surgical operation is to be performed

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

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

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

Parent/Guardian assisting the child parent to give consent

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

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

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

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

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

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

.....

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

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

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

Signature of person seeking consent to perform the surgical operation

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

Designation of person seeking consent to perform the surgical operation

Date:

Part C Consent of the child parent.

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

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

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

Signature of child parent

Name of child parent (write in full)

Date.....

Part D Declaration of parent/guardian of child parent

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

Signature parent(s)/guardian(s)

Full name of parent or guardian

Date

FORM 36

AUTHORITY FOR REMOVAL OF CHILD TO TEMPORARY SAFE CARE

(Regulation 53)

[SECTIONS 150-152 OF THE CHILDREN'S ACT 38 OF 2005]

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

AUTHORITY

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

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

REASONS FOR REMOVAL OF CHILD

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

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

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

RESPONSIBLE PERSON

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

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

ADDITIONAL INFORMATION: CHILD(REN)

(Special needs, medical conditions, behaviour, etc)

OFFICIAL CONDUCTING REMOVAL OF CHILD(REN)

Details of person conducting removal of child(ren)

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

ACKNOWLEDGMENT OF RECEIPT

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

TEMPORARY SAFE CARE			
Signature			
Name & surname			
Place			
Date		Time	

COPIES OF AUTHORITY

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

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

REFERRAL

Case referred to Organisation/Social worker

Name & surname	
Organisation	
Telephone number	
Facsimile number	
Reference number	

SEE NOTES ON NEXT PAGE

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

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

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

B. Directions for police officials:

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

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

C. General

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

Note 2

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

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

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

TO:.....

Dear Sir/Madam

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

Date and time of hearing:

Place of hearing:

 Clerk of the court

Date:

Address of court

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

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

PROFESSIONAL REPORT BY FULL NAMES: SIGNATURE: QUALIFICATIONS: REGISTRATION NO.: REGISTERED SOCIAL WORKER ADDRESS: TEL. NO.: DATE: SUPERVISOR'S OR SENIOR'S SIGNATURE: DATE:

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

.....

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

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

Residential address:

.....

Home language:

Religious affiliation (if applicable):

Present care-giver (name and address):

.....

C. FAMILY COMPOSITION

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

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

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

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

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

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

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

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

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

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E. FAMILY PROFILE

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

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

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

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

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

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

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

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

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

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

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

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.....
.....

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

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

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

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

Financial aspects (income and expenditure of parents):

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

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

Child concerned (name):

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

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

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

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

Psychological factors (also indicate any mental disabilities):

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

Relationships with parents, siblings or peers:

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

Schooling (abilities, problems, difficulties and achievements):

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

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.....

G. SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Abandoned or orphaned children (discuss circumstances):

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

Children with special needs (indicate needs / requirements):

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

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

I. FACTORS RESULTING IN INVESTIGATION

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

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

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

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

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

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

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

J. MEASURES TO ASSIST FAMILY

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

K. PRIVATE FAMILY ARRANGEMENTS (If applicable)

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

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

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

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

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

* (delete which is not applicable)

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

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

O. RECOMMENDED MEASURES TO ASSIST CHILD'S FAMILY (Mark with an "x" and substantiate)

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

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

- therapeutic needs
-

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

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

.....

.....

.....

.....

.....

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

I have taken account of the following factors:

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

and concludes as follows (discuss above factors):

.....

.....

.....

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.....
.....

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

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

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

.....
.....

- be adopted by relatives

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

.....
.....

- be placed under the guardianship of relatives

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

.....
.....

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

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

.....
.....

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

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

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

FORM 39
APPROVAL TO PROVIDE TEMPORARY SAFE CARE
(Regulation 57)
[SECTION 167 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:

the following facility has been approved for temporary safe care:

the following place has been approved for temporary safe care:

the following premises has been approved for temporary safe care:

the following person has been approved for temporary safe care:

Name of facility/ place / premises/ person:

Physical address of facility/ place/ premises/ person:

Provincial Head of Social Development

Date:

FORM 40
REPORTING OF SERIOUS INJURY, ABUSE OR DEATH
OF CHILD IN ALTERNATIVE CARE
(Regulation 64)
[SECTION 178 OF THE CHILDREN'S ACT 38 OF 2005]

A. Serious injury or abuse of child in alternative care.

To: The Provincial Head of Social Development

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

Pursuant to section 178 of the Children's Act, 38 of 2005, you are hereby informed that a child in alternative care has been seriously injured or abused.

Details of child :

Name :

Surname :

ID number :

Date of birth :

Gender :

Age :

Date and place of serious injury or abuse :

Type of serious injury or abuse :

Brief explanation of incident of serious injury or abuse:

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

Brief explanation of medical intervention:

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

Details of alleged abuser:

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

B. Death of child in alternative care

To: The Provincial Head of Social Development/ Police official/ Social worker/ Parent or guardian of child

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

Pursuant to section 178 of the Children's Act, 38 of 2005, you are hereby informed that a child in alternative care has died.

Details of child :
Name :
Surname :
ID number :
Date of birth :
Gender :
Age :

Date and place of death :

Brief explanation of incident leading to death of child:
.....
.....
.....

Brief explanation of medical intervention:

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

I declare that the information set out above is true and correct to the best of my knowledge.

Name of person in whose care or temporary
safe care the child had been placed

Name of organization in whose care or
temporary safe care the child had been placed
Date:

FORM 41

STATEMENT BY A FOSTER PARENT REGARDING THE ADOPTION OF A CHILD IN HIS OR HER FOSTER CARE

(Regulation 66)

[SECTION 188 OF THE CHILDREN'S ACT 38 OF 2005]

Note: Separate form must be used for each child.

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

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

I/We (1) (full names)

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

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

And residing at:.....

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

since.....

(full names of child)

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

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

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

.....
Foster parent 1

.....
Foster parent 2

Place:.....

Date:.....

FORM 42

APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 68)

[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

(A) **PARTICULARS OF APPLICANT**

Name of applicant: _____

NPO number: _____

Physical address: _____

Postal address: _____

Postal code: _____

Physical address; _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

Names of Office

Bearers _____

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

Name of cluster foster care scheme _____

Physical address: _____

Postal address _____

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

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

(B) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

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

- a clearance certificate that the name of the applicant and any office bearers referred to in this application do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.
- Evidence of skills, qualifications and prior experience of the applicant in the field of child care and development

(C) **GENERAL REMARKS**

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

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

SIGNATURE OF APPLICANT CAPACITY DATE

FORM 43
CERTIFICATE OF REGISTRATION OF A CLUSTER FOSTER CARE SCHEME
(Regulation 68)
[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

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

on _____ (insert date).

Physical address of nonprofit organization :

Physical address of cluster foster care scheme :

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

FORM 44
REJECTION OF APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME
(Regulation 68)
[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

Name of cluster foster care scheme: _____

Physical address of applicant: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT
PROVINCE: _____
DATE: _____

FORM 45
NOTICE OF INTENTION TO DEREGISTER CLUSTER FOSTER CARE SCHEME
(Regulation 68)
[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

TO:

Name of nonprofit organisation
Physical Address

Name of cluster foster care scheme:
Physical address

I, by the authority vested in me by the Children Act, 2005, hereby give 90 days notice, which expires on _____ that the registration of the above-named cluster foster care scheme will be withdrawn, and must thereafter cease operating as a foster placement for children.

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

FORM 46
**REPRESENTATIONS TO HEAD OF PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT BY CLUSTER
FOSTER CARE SCHEME REGARDING NOTICE OF DEREGISTRATION**

(Regulation 68)

[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

Name of cluster foster care scheme.

Address of cluster foster care scheme.

Physical address of cluster foster care scheme.

This is a representation against a notice of deregistration of a cluster foster care scheme to the Head of Social Development of

_____ (Insert name of province)

- The reasons provided by the Head of Social Development of the decision are attached.
- My reasons for representation against the decision are attached.

Representative of cluster foster care scheme.

Date

FORM 47

NOTICE OF DEREGISTRATION AFTER CONSIDERATION OF REPRESENTATION OF CLUSTER FOSTER CARE SCHEME

(Regulation 68)

[SECTION 183 OF THE CHILDREN'S ACT 38 OF 2005]

TO: _____

Name of organization

Physical address

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

**FORM 48
APPLICATION FOR THE REGISTRATION /CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION
OF A CHILD AND YOUTH CARE CENTRE**

(* Delete which is not applicable)
(Regulation 78)

[SECTION 199 OF THE CHILDREN'S ACT 38 OF 2005]

This is an application for:

- Registration in terms of section 199
- Conditional registration in terms of section 201
- Renewal of registration in terms of section 199

(A) PARTICULARS OF APPLICANT

Name of child and youth care centre: _____

Physical address: _____

Postal address: _____

Postal code: _____

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

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

Accreditation reference number: _____

(B) MANAGEMENT BOARD

Constitution of the management board:

- Chairperson : _____
- Vice-chairperson : _____
- Secretary : _____
- Treasurer : _____
- Member : _____
- Member : _____
- Member : _____
- Member : _____

Committees (state nature and number of members):

(a) Nature : _____ Number: _____

(b) Nature : _____ Number: _____

(c) Nature : _____ Number: _____
 (d) Nature : _____ Number: _____

Auditors

Name : _____
 Address : _____

 Telephone number : _____
 Registration number : _____

(C) **STAFF**

Staff provision (names of incumbents not required)

Designation	Sex	Salary or remuneration	Skills, qualifications and experience

(Further particulars must be furnished in an annexure)

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

(D) **BUILDINGS, SITE AND EQUIPMENT**

Extent of premises: _____

Extent of buildings: _____

Extent of playgrounds: _____

Rooms and amenities for use by children:

Type	Number	Floor space
Bedrooms:		
Boys		
Girls		
Dining room		
Kitchen		
Bathrooms		

Boys		
Girls		
Washbasins		
Boys		
Girls		
Showers		
Boys		
Girls		
Toilets		
Boys		
Girls		
Recreation rooms		
Isolation room		
Others		

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

State what provisions has been made for recreation:

Indoors: _____

Outdoors: _____

(E)

CHILDREN

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

Total number of children that will be accommodated: _____

Boys: _____

Girls: _____

Particulars of children (reply yes or no):

Destitute and neglected children:

Abused children:

Children with substance abuse challenges:

Children with behaviour challenges:

Children with developmental or psychological disabilities:

Children with physical disabilities (also state nature);

Abandoned children:

Children previously living on the street:

Arrangements for medical and dental care:

Arrangements for education:

Arrangements for religious instruction:

(F)

GENERAL

State whether the premises is the property of the applicant:

If rented premises, state monthly rent:

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

(G) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

- A certified copy of the constitution or founding document of the child and youth care centre as prescribed by section 200(1)(c)(i) of the Act;
- a business plan containing the information as prescribed by regulation 78(2);
- the staff composition employed at a child and youth care centre as prescribed by regulation 78(2));
- the financial statements of the child and youth care centre including an exposition of the funds available to operate the child and youth care centre as prescribed by regulation 78(2);
- the emergency plan as prescribed by regulation 78(2); and
- clearance certificates that the names of any Board member appointed in terms of regulation 15 and the names of any employee do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act as prescribed by regulation 78(2).

(H) **REMARKS**

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 49
CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION
OF A CHILD AND YOUTH CARE CENTRE
 (* Delete which is not applicable)
 (Regulation 80)
 [SECTION 200 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:

the following child and youth care centre has been registered in terms of section 200 of the Act;
 the following child or youth care centre has been conditionally registered in terms of section 201 of the Act;
 the registration of the following child and youth care centre has been renewed in terms of section 200 of the Act; or

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

Name of child and youth care centre: _____

Physical address of child and youth care centre:

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

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

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

The Department of Social Development will provide the following assistance to the child and youth care centre to comply with the conditions of registration and the national norms and standards.

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

FORM 50
REFUSAL OF AN APPLICATION FOR THE REGISTRATION / RENEWAL OF REGISTRATION OF A CHILD AND
YOUTH CARE CENTRE
(* Delete which is not applicable)
(Regulation 80)
[SECTION 200 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT
PROVINCE: _____
DATE: _____

FORM 51

**AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 207 OF THE ACT IN
RESPECT OF A CHILD AND YOUTH CARE CENTRE
(Regulation 90)
[SECTION 207 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

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

Indicate decision against which this appeal is lodged (Indicate yes or no)	Grounds on which the appeal is lodged
	Section 200: Consideration of new application for registration
	Section 200: Consideration of application for renewal of registration
	Section 201: Conditions on which registration was granted
	Section 203: Cancellation of registration
	Other grounds of appeal

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

APPLICANT OR REGISTRATION HOLDER

DATE

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

FORM 52
APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION
OF A DROP-IN CENTRE
 (* Delete which is not applicable)
 (Regulation 92)
[SECTION 218 OF THE CHILDREN'S ACT 38 OF 2005]

(A) **PARTICULARS OF APPLICATION**

Name of drop-in centre: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

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

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

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

(B) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

- a business plan containing the information prescribed by regulation 92(3); and
- clearance certificates that the name of the applicant and the names of all staff members do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act;

(C) **GENERAL REMARKS**

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 53

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

(* Delete which is not applicable)
(Regulation 93)

[SECTION 219 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:

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

on _____ (insert date).

Name of drop-in centre facility: _____

Physical address of drop-in centre:

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

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

PLEASE SEE REVERSE SIDE

REVERSE SIDE OF FORM 53

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

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