

THE CHILDREN'S ACT 38 OF 2005

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

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

SUMMARY OF FORMS

FORM NO.	HEADING	REGULATION NO.
Form 1	Consent to a virginity test by a child	3(1)
Form 2	Consent to disclose information on virginity test	6
Form 3	Consent to medical circumcision	8
Form 4	Consent to religious circumcision	9(3)
Form 5	Parental responsibilities and rights agreement	10(1), 11(2)
Form 6	Statement of Family Advocate concerning parental responsibilities and rights agreement	10(4)
Form 7	Parenting plan	11(2)(b), 14(3)
Form 8	Statement of outcome of mediation	12(1), 18(3)
Form 9	Confirmation of non-attendance of mediation	12(2), 18(3)
Form 10	Application for registration of a parenting plan or for parenting plan to be made an order of court	14(1)
Form 11	Statement of Family Advocate, social worker or psychologist that parenting plan prepared after assistance	15(1), (2)
Form 12	Statement of social worker or other suitably qualified person that parenting plan prepared after mediation	15(3), 18(3)
Form 13	Application for the registration / conditional registration / renewal of registration / reinstatement of a partial care facility	23(1)
Form 14	Certificate of registration / conditional registration / renewal of registration / reinstatement of a partial care facility	24(2)
Form 15	Refusal to grant an application for the registration of a partial care facility	24(4)
Form 16	An appeal against a decision of a provincial head in terms of section 86 of the Act in respect of a partial care facility	24(5)(a)
Form 17	An appeal against a decision of a municipal official in terms of section 88(6) of the Act in respect of a partial care facility	24(5)(b)
Form 18	Application for the registration / conditional registration / renewal of registration of an early childhood development programme	30(1)
Form 19	Certificate of registration / conditional registration / renewal of registration of an early childhood development programme	31(1)
Form 20	Rejection of an application for the registration of an early childhood development programme	31(4)
Form 21	An appeal against a decision of a provincial head in terms of section 101 of the Act in respect of an early childhood development programme	31(5)(a)
Form 22	An appeal against a decision of a municipal official in terms of section 102(6) of the Act in respect of an early childhood development programme	31(5)(b)
Form 23	Quality assurance report	33(5)
Form 24	Request for removal of alleged offender from place of residence	39
Form 25	Notification of sexual abuse, deliberate neglect or abuse in a manner causing physical injury of child for inclusion in Part A of National Child Protection Register	38, 44(1)(b)
Form 26	Notification of convictions or findings of abuse or deliberate neglect of children for inclusion in Part A of National Child Protection Register	44(2)(b)
Form 27	Inquiry by person to establish whether his / her name is included in Part A of National Child Protection Register	45(1)(d)
Form 28	Notification of finding of unsuitability to work with children for inclusion in Part B of National Child Protection Register	48
Form 29	Inquiry by employer to establish if certain name is included in Part B of National Child Protection Register	50(1)(a)
Form 30	Inquiry by person to establish if his/her name is included in Part B of National Child Protection Register	50(1)(b)

SUMMARY OF FORMS

FORM NO.	HEADING	REGULATION NO.
Form 31	Application for removal of name erroneously entered in Part B of National Child Protection Register	51(1)(a)
Form 32	Notification of outcome of application to remove name and information from Part B of National Child Protection Register	51(4)
Form 33	Application for consent to medical treatment or surgical operation by Minister	53(1)
Form 34	Consent to surgical operation by a child	54(1), (2)
Form 35	Consent to surgical operation of a child by a parent who is aged below 18 years	55(2)
Form 36	Interim authority for placement of child in temporary safe care	59(1), 63(4)(a), 88(1)
Form 37	Request for review of placement of child in temporary safe care	59(1), 63(4)(a), 88(1)
Form 38	Placement in temporary safe care order by children's court	59(4)(b), 88(1)
Form 39	Notice to parent, guardian or care-giver of a child to attend children's court and to bring child before court	60(2), (3)
Form 40	Section 155(2) report by designated social worker to be considered by children's court	61(1)(a)
Form 41	Application for extension of placement in alternative care beyond 18 years of age	69(1)
Form 42	Consent to application for a passport for a foster child / removal of a foster child from the Republic	71(4)(b), 71(5)
Form 43	Statement by a foster parent regarding the adoption of a child in his or her foster care	73(2), 112(3)(b)
Form 44	Foster care plan	75(2), 80(2)
Form 45	Application for the registration of a cluster foster care scheme	76(1)
Form 46	Certificate of registration of a cluster foster care scheme	76(3)
Form 47	Refusal to grant an application for the registration of a cluster foster care scheme	76(5)
Form 48	An appeal against a decision of a provincial head in respect of a cluster foster care scheme	76(6)
Form 49	Notice of deregistration of cluster foster care scheme	76(9)
Form 50	Annual report of cluster foster care scheme	77(2)
Form 51	Notice of death of child in foster care	81(2)
Form 52	Child and youth care centres: Notice of movement of a child	91
Form 53	Application for the registration / renewal of registration of a child and youth care centre	92(1)
Form 54	Certificate of registration / renewal of registration of a child and youth care centre	94(1)
Form 55	Rejection of an application for the registration / renewal of registration of a child and youth care centre	94(4)
Form 56	An appeal against a decision of a provincial head in terms of section 207 of the Act in respect of a child and youth care centre	94(5)
Form 57	Application for the registration / conditional registration / renewal of registration of a drop-in centre	106(1)
Form 58	Certificate of registration / conditional registration / renewal of registration of a drop-in centre	107(1)
Form 59	Rejection of an application for the registration / conditional registration / renewal of registration of a drop-in centre	107(4)
Form 60	An appeal against a decision of a provincial head in terms of section 223 of the Act in respect of a drop-in centre	107(5)(a)
Form 61	An appeal against a decision of a municipal official in terms of section 225(6) of the Act in respect of a drop-in centre	107(5)(b)

SUMMARY OF FORMS

FORM NO.	HEADING	REGULATION NO.
Form 62	Application for the registration as an adoptive parent	111(2)
Form 63	Application for the renewal of registration as an adoptive parent	111(3)
Form 64	Application for the registration of an adoptable child	111(5)
Form 65	Application for the adoption of a child	112(2)
Form 66	Consent by parent or guardian to the adoption of a child	112(3)(c), 113(1)
Form 67	Consent by child to adoption	112(3)(c), 113(2)
Form 68	Adoption of child: Statement by guardian	112(3)(d)
Form 69	Withdrawal of consent to adoption by parent or guardian of child	113(3)(b)
Form 70	Withdrawal of consent by child to adoption	113(3)(c)
Form 71	Medical report on age assessment of child	114(2)
Form 72	Post adoption agreement	116(1)
Form 73	Application for a freeing order	117
Form 74	Record of adoption proceeding	118
Form 75	Adoptions record book	120(1)
Form 76	Order of inter-country adoption	131, 135
Form 77	Declaration recognising adoption	139(1)
Form 78	Declaration of non-recognition of adoption	140
Form 79	Notification by internet service provider of behaviour facilitating trafficking in children	142(1)

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

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

[Child to be aged 16 years or older]

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

* Proof of age to be attached

Particulars of person administering virginity test

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

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

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

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

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

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

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

Signature of person performing the virginity test

Date:

Place:

PLEASE SEE REVERSE HEREOF

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 any at any time before the producer withdraw my consent

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

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

Signature of child

Date _____

Place _____

Signature of witness

Date _____

Place _____

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

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

Particulars of child

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

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

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

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

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

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

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

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

 Signature of person obtaining consent to disclosure

Date:

I,(insert child's name)

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

Signature of child

Date _____

Place _____

Signature of witness

Date _____

Place _____

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

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

PART A: PARTICULARS OF PATIENT

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

PART B: MEDICAL PRACTITIONER ADMINISTERING CIRCUMCISION

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

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

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

I have given the patient an opportunity to ask questions.

Signature of medical practitioner

Date:

PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 3

PART C: CONSENT BY PATIENT

I, _____ (insert patient's name)

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

Signature of patient

Date:

Signature of witness

Date:

PART D: ASSISTANCE BY PARENT OR GUARDIAN

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

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

*Parent / guardian

Date:

* Delete which is not applicable

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

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

PART A: PARTICULARS OF PATIENT

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

PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION

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

I have explained to the person consenting the following:

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

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

Signature of * medical practitioner / person administering the circumcision

Date:

PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 4

PART B: CONSENT BY PARENT OR GUARDIAN

I, _____

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

* Parent / guardian

Date:

Signature of witness

Date:

PART C: STATEMENT BY PARENT OR GUARDIAN

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

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

* Parent / guardian

Date:

PART D: ASSISTANCE BY PARENT OR GUARDIAN

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

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

*Parent / guardian

Date:

* Delete which is not applicable

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

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

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

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

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

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

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

Second Child

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

Third Child

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

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

Part C: Supporting Documentation

Please find the following supporting documentation attached:

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

Or

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

Part D: Agreement

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

Details of parental responsibilities and rights conferred (optional)

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

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

Place:

Date:

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

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

Signed (Mother/other person)

Signed (Father/other person)

Date

Particulars of Family advocate (where applicable)

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

FORM 6**STATEMENT OF FAMILY ADVOCATE CONCERNING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT
(Regulation 10(4))**

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

(insert names of parties)

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

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

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

Signed

Date

Particulars of Family advocate

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

FORM 7**PARENTING PLAN
(Regulation 11(2)(b), 14(3))****[SECTION 33 OF THE CHILDREN'S ACT 38 OF 2005]****Part A: Particulars of holders of parental responsibilities and rights***Holder 1.*

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

Holder 2.

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

Holder 3 (If applicable).

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

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

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

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

Second Child

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

Third Child

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

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

Part C: Information regarding guardianship, care and contact with respect to the child or children**C.1 Guardianship**

Child's Name	Guardian	Guardian

C. 2 Care

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

[Additional details to be furnished on a separate page]

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

[Additional details to be furnished on a separate page]

C. 3 Contact

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

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

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

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

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

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

[Additional details to be furnished on a separate page]

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

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

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

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

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

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

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

Part F: Views of the child

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

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

Date

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

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

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

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

File No:

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

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

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

Was resolved

.....

.....(give details)

Remains unresolved

.....

.....(give details)

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

3.1 Details of family advocate (where applicable)

Official stamp

Name of Family Advocate
Signature of Family advocate
Place
Date

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

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

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

*Annex supporting documentation where necessary

Full name

Signature

Date

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

File No:

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

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

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

2. (insert name gender and date of birth)

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

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

.....

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

Details of Family Advocate (where applicable)

Official stamp

Name of Family Advocate
Signature of Family advocate
Place
Date

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

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

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

*Annex supporting documentation where necessary

Full name

Signature

Date

FORM 10**APPLICATION FOR REGISTRATION OF A PARENTING PLAN OR FOR PARENTING PLAN TO BE MADE AN ORDER
OF COURT****(Regulation 14(1))****[SECTION 34(2) OF THE CHILDREN'S ACT 38 OF 2005]****Part A: Particulars of holders of parental responsibilities and rights to whom the attached parenting plan applies***Holder 1.*

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

Holder 2.

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

Holder 3.

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

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

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

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

Second Child

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

Third Child

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

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

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

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

Place:

Date:

We,.....

(initials and surnames)

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

Signed:

Signed:

Date

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

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

Attached to this application is:

☐ **Form 6**

☐ **Form 11**

(Tick whichever is applicable)

Signature of applicant

Signature of applicant

Date

FORM 11**STATEMENT OF FAMILY ADVOCATE, SOCIAL WORKER OR PSYCHOLOGIST THAT PARENTING PLAN PREPARED
AFTER ASSISTANCE****(Regulation 15(1), (2))****[SECTION 33(2) AND (5) OF THE CHILDREN'S ACT 38 OF 2005]**

I(Name and surname)

I(Name and surname)

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

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

(insert names of parties)

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

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

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

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

Signed

Date

Particulars of Family advocate (where applicable)

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

FORM 12**STATEMENT OF SOCIAL WORKER OR OTHER SUITABLY QUALIFIED PERSON THAT PARENTING PLAN PREPARED
AFTER MEDIATION****(Regulation 15(3), 18(3))****[SECTION 34(3) OF THE CHILDREN'S ACT 38 OF 2005]**

I(Name and surname)

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

.....

.....

.....

.....

*Annex supporting documentation where necessary

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

and

.....

(insert names of parties)

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

..... (insert names of children)

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

—————

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

—————

—————

Signed

—————

Date

Signature of Parties:

1.....

2.....

FORM 13

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

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 23(1))

REPUBLIC OF SOUTH AFRICA

(A)

NATURE OF APPLICATION

This is an application in respect of:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A crèche, providing partial care for children from birth to an age of 3 years |
| <input type="checkbox"/> | An educare centre, providing partial care for children from 3 years until school going age |
| <input type="checkbox"/> | An after school centre, providing partial care for children attending a primary or secondary school |
| <input type="checkbox"/> | A private hostel, providing partial care for children attending a primary or secondary school |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | A place of care providing partial care for children with disabilities who require a high level of support |

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

(B)

PARTICULARS OF APPLICATION

Name of partial care facility: _____

Physical address: _____

Postal address: _____

Postal code: _____

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

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

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

(C)

SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the partial care facility including a copy of any qualification which would enhance partial care of children;
- A report by a social service professional on the viability of the application as prescribed by section 81(1)(c) of the Act;
- a business plan containing the information prescribed by regulation 23(4)(a);
- the constitution containing the information prescribed by regulation 23(4)(b);
- an original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration
- the emergency plan; and
- clearance certificates that the name of the applicant and the names of all staff members do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act;

(D)

GENERAL REMARKS

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 14

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

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 24(2))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

- ☐ 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 14

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

Provincial Head: Social Development

Municipal Official

Province/Municipality: _____

Date of issue: _____

FORM 15

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

(Regulation 24(4))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of applicant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

MUNICIPAL OFFICIAL

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 16

AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN TERMS OF SECTION 86 OF THE ACT IN RESPECT
OF A PARTIAL CARE FACILITY

(Regulation 24(5)(a))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

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

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

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

APPLICANT/REGISTRATION HOLDER

DATE

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

FORM 17

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

(Regulation 24(5)(b))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

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

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

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

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER

DATE

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

FORM 18

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

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 30(1))

REPUBLIC OF SOUTH AFRICA

(A)

PARTICULARS OF APPLICATION

Name of applicant: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Physical address: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

(B)

SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- the programme for early childhood development for partial care or child and youth care centres in respect of which application is made for registration;
- an implementation plan for the early childhood development programme in respect of which application is made for registration;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualification in respect of staff that will be responsible to provide the early childhood development programme;
- the financial statements of the partial care facility or youth care centre including an exposition of the funds available for providing the programme as applied for; and
- a clearance certificate that the name of the applicant does not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 Of 2007 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(C)

GENERAL REMARKS

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 19

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

(* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 31(1))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

It is hereby certified that an early childhood development programme :

- | | |
|--------------------------|---|
| <input type="checkbox"/> | has been registered in terms of section 97 of the Act; |
| <input type="checkbox"/> | has been conditionally registered in terms of section 97 of the Act; or |
| <input type="checkbox"/> | has been renewed in terms of section 97 of the Act. |

on _____ (insert date) in favour of _____

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

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

PLEASE SEE REVERSE SIDE

REVERSE SIDE OF FORM 19

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

Provincial Head: Social Development/

Municipal Official

Province/Municipality: _____

Date of issue: _____

FORM 20

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

(Regulation 31(4))

REPUBLIC OF SOUTH AFRICA

Reference No.: _____

Name of applicant: _____

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

Physical address: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL OFFICIAL

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 21

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

(Regulation 31(5)(a))

Reference No.: _____

REPUBLIC OF SOUTH AFRICA

Name of appellant: _____

Physical address of appellant: _____

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

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

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

APPLICANT / REGISTRATION HOLDER_____
DATE

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

FORM 22

AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 102(6) OF THE ACT IN
RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME

(Regulation 31(5)(b))

REPUBLIC OF SOUTH AFRICA

Name of appellant: _____

Physical address of appellant _____

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

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

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

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER

DATE

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

FORM 23

QUALITY ASSURANCE REPORT

(Regulation 33(5))

Name of Department of Social Development official:

Date of visit:

(A)

CENTRE DETAILS

Name of ECD Centre:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

(B)

STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

Kitchen workers:

Gardeners:

Caretakers/security:

Cleaners:

Other (specify):

(C) **CHILDREN**

Number of children registered:

Number of children present on day of review:

Age	Girls	Boys	Total
0 – 2 years			
2 – 3 years			
3 – 5 years			
TOTAL			

(D) **MANAGEMENT**

Admission / Registration forms available: Yes/No

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

Are there job descriptions for all staff? Yes/No

Is there a Staff Development Plan? Yes/No

Menus Yes/No

Admission policy Yes/No

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

Admission policy of children with disabilities Yes/No

Other policies: Specify

Outings procedure:

Complaints procedure:

Emergency plan:

First Aid kit:

Attendance Register:

Accident register:

Abuse register:

(E) PREMISES AND EQUIPMENT**Toilet facilities:**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Number of toilets/potties:

Comments:

Hand washing facilities:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Kitchen facilities:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Outside area:

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Outside play equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Fencing

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Other e.g. swimming pool

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Management of pets

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Daily programme

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Toys

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

Equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

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

(F)

OBSERVATION BY REVIEWER

Practitioner – child interactions

Detail:

Child – child interactions

Detail:

Discipline

Detail:

Provision of variety of play materials

Detail:

Any other relevant observations

Detail:

(G)

SUPPORT**Changes agreed with practitioners**

1. Give details of the change agreed:

By when:

Support from DoSD:

2. Give details of the change agreed:

By when:

Support from DoSD:

3. Give details of the change agreed:

By when:

Support from DoSD:

SIGNED:

Quality Assurance Reviewer (name and date):

Supervisor/Practitioner (name and date):

FORM 24

REQUEST FOR REMOVAL OF ALLEGED OFFENDER FROM PLACE OF RESIDENCE

(Regulation 39)

[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

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

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

Dear Sir / Madam

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

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

Details of alleged offender:

Full names:

Surname:

Also known as:*

Gender:

ID no:*

Occupation:

Relationship with child:

(* - if available or applicable)

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

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

Motivation for removal of alleged offender:

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

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

Name of person submitting request:

Signature:

Capacity / rank: