

FORM 25

NOTIFICATION OF SEXUAL ABUSE, DELIBERATE NEGLECT OR ABUSE IN A MANNER CAUSING PHYSICAL INJURY
OF CHILD FOR INCLUSION IN PART A OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 38, 44(1)(b))

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

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

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

Dear Sir / Madam

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

(* - delete which is not applicable)

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

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

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

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

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

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

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

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

8. SAPS: (ACTION RELATED TO ALLEGED PERPETRATOR)				
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____				
CAS NR	Police station	Telephone no	Name of police official	Rank of police official
8.1) Police intervention: <input type="checkbox"/> None <input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact <input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation <input type="checkbox"/> Pending				
8.2) Perpetrator guilty of previous abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown				
If Yes, type of conviction:			Date	
_____ _____			_____ _____	

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

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

(* - if available or applicable)

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

Name of person doing the notification:

Signature:

Capacity / rank:

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

.....

.....

.....

.....

.....

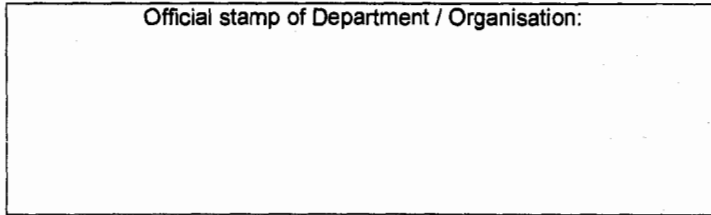
Name of contact person:

Tel no:

Email address:

Date:

Official stamp of Department / Organisation:



FORM 26

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

(Regulation 44(2)(b))

[SECTION 114 OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

Pursuant to section 114(1)(b) and (c) of the Children's Act, 38 of 2005, you are hereby advised that a person has been convicted on a charge involving the abuse or deliberate neglect of a child / a finding has been made by a children's court that a child is in need of care and protection because of abuse or deliberate neglect.* Kindly include the following particulars in Part A of the National Child Protection Register:

(* - delete which is not applicable)

FOR COMPLETION IN ALL CASES:

Full names and surname of child:

Physical address of child:

Identification number of child:*

Passport number of child:*

Age or estimated age of child:

Gender of child:

Disability of child and its nature:*

Chronic illness of child and its nature:*

(* - where available or applicable)

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

Full names and surname of convicted person:

He or she is also known as:*

Physical address of convicted person:

Occupation of convicted person:

Identification number of convicted person:*

Passport number of convicted person:*

Driver's license number of convicted person:*

Prisoner identification number of convicted person:*

Name and address of court in which trial took place:

Brief account of charge and conviction:

.....
.....
Place and date of offence:

Sentence imposed:

Date of conviction:

Case number:

(* - where available or applicable)

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

☐ has been lodged by the convicted person on (date);

☐ is likely to be lodged by the convicted person;

☐ has not been lodged by the convicted person.

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

Full names and surname of parents / caregiver of child:

Physical address of parents / caregiver:

Identification number of parents / caregiver:

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

Brief summary of reasons for finding:

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

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

Date of finding:

Case number:

The following additional information is attached (if available):

☐ identifying photograph of child

☐ report by social worker / other professional

☐ court order

Yours sincerely

(Signature of registrar or clerk of the court)

(Date)

Postal address of court:

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

FORM 27**INQUIRY BY PERSON TO ESTABLISH WHETHER HIS / HER NAME IS INCLUDED IN PART A OF NATIONAL CHILD PROTECTION REGISTER****(Regulation 45(1)(d))****[SECTION 117 OF THE CHILDREN'S ACT 38 OF 2005]**

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

Dear Sir / Madam

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

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

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

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

My postal address is:

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

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

.....
.....

Yours sincerely

(Signature)

(Date)

FORM 28

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

(Regulation 48)

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

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

Dear Sir / Madam

In terms of section 122 of the Children's Act, 38 of 2005, you are hereby advised that a finding has been made by a court or administrative forum that a certain person is unsuitable to work with children. Kindly include the following particulars of this person in Part B of the National Child Protection Register:

Full names and surname:

He / she is also known as:*

Last known physical address:

Identification number:*

Passport number:*

Driver's license number:*

Prisoner identification number:*

Name and address of court or forum which made finding of unsuitability:

Reasons (brief) why person found to be unsuitable to work with children:

Particulars of offence:*

Sentence imposed:*

Date of conviction or finding:

Case number:*

(* - if applicable)

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

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

(* - if available or applicable)

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

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

Yours sincerely

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

(Date)

Postal address of court or forum:

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

FORM 29

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

(Regulation 50(1)(a))

[SECTION 126(1) and (2) OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

(* - Delete which is not applicable)

Full names and surname:

He / she is also known as:*

Physical address:

.....

Postal address:

.....

Identification number:*

Passport number:*

Driver's license number:*

Telephone number(s):

Other relevant contact details:*

(* - if available or applicable)

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

.....

(* - Delete which is not applicable)

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

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

My / our* details are the following:

(* - Delete which is not applicable)

Employer's name or name of business:

Employer's physical address:

.....

Employer's postal address:

.....
Employer's telephone number(s):

Other contact details:

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

Yours sincerely

(Signature of person who signed letterhead)

(Date)

FORM 30**INQUIRY BY PERSON TO ESTABLISH IF HIS / HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD
PROTECTION REGISTER****(Regulation 50(1)(b))****[SECTION 126(3) OF THE CHILDREN'S ACT 38 OF 2005]**

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

Dear Sir / Madam

In terms of section 126(3) of the Children's Act, 38 of 2005, I
..... (full names and surname) wish to inquire whether my
name is included in Part B of the National Child Protection Register. A certified copy of one of the following
documents is attached as verification of my identity (mark with an "x"):

- ☐ birth certificate, only if not in possession of identity document or passport
☒ identity document
☐ passport
☒ other

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

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

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

My postal address is:

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

My physical address is:

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

Yours sincerely

(Signature)

(Date)

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

[illegible]

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

My postal address is:

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

My physical address is:

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

Other contact details:

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

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

Yours sincerely

(Signature)

(Date)

FORM 32**NOTIFICATION OF OUTCOME OF APPLICATION TO REMOVE NAME AND INFORMATION FROM PART B OF
NATIONAL CHILD PROTECTION REGISTER****(Regulation 51(4))****[SECTION 128 OF THE CHILDREN'S ACT 38 OF 2005]**

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

Dear Sir / Madam

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

Full names and surname of applicant:

Physical address of applicant:

Identification number of applicant:*

Any other relevant details:

Outcome of application (finding):

Name and address of court in which finding was made:

Date of finding:

Case number:

(* - if available)

Register reference number:

(Signature of registrar or clerk of the court)

(Date)

Postal address of court:

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

FORM 33**APPLICATION FOR CONSENT TO MEDICAL TREATMENT OR SURGICAL OPERATION BY MINISTER****(Regulation 53(1))****[SECTION 129(7) OF THE CHILDREN'S ACT 38 OF 2005]**

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

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

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

Applicant details

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

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

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

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

Part B: Details of medical treatment/surgical operation

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

.....

.....

.....

.....

Part C: Motivation for seeking consent of the Minister

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

Motivation:.....

.....

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

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

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

- ☐ Parent cannot readily be traced/ is deceased*

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

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

- ☐ Child unreasonably refusing to give consent

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

Part D: Consent/ refusal of consent by Minister

- ☐ I(insert name) duly authorized,
hereby give consent for the medical treatment to be given to/surgical operation to be 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 of the surgical operation applied for.

Tick whichever is applicable

.....

Signature

Full name

Designation

Date

Official stamp

FORM 34**CONSENT TO SURGICAL OPERATION BY A CHILD****(Regulation 54(1), (2))****[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]**

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

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

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

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

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

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

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

Parent/Guardian 1

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

Parent/guardian 2 (where necessary or desirable)

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

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

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

- ☐ The nature of the problem requiring a surgical operation
- ☐ The most suitable surgical operation in my opinion
- ☐ Any risks associated with the surgical operation

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

.....

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

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

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

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

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

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

Date:

Part C Consent of the child.

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

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

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

.....
 Signature of child

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

Date.....

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

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

.....
 Full name of parent or guardian

.....
 Date

FORM 35**CONSENT TO SURGICAL OPERATION OF A CHILD BY A PARENT WHO IS AGED BELOW 18 YEARS****(Regulation 55(2))****[SECTION 129(3) OF THE CHILDREN'S ACT 38 OF 2005]**

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

Child upon whom surgical operation is to be performed

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

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

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

Parent/Guardian assisting the child parent to give consent

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

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

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

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

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

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

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

- ☐ Any other implications or possible consequences of the surgical operation (specify in space provided below)

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

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

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

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

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

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

Date:

Part C Consent of the child parent.

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

.....
on (insert name of child upon whom surgical operation to be performed).

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

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

.....
Signature of child parent

.....
Name of child parent (write in full)

Date:

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

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

.....
Full name of parent or guardian

.....
Date

FORM 36**INTERIM AUTHORITY FOR PLACEMENT OF CHILD IN TEMPORARY SAFE CARE****(Regulation 59(1), 63(4)(a), 88(1))****[SECTIONS 150 – 152 OF THE CHILDREN'S ACT 38 OF 2005]****REPUBLIC OF SOUTH AFRICA****TEMPORARY SAFE CARE FACILITY**

Temporary safe care facility where child is to be placed

INTERIM AUTHORITY

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

DETAILS OF CHILD(REN)

NAME(S) AND SURNAME	GENDER	DATE OF BIRTH/ ESTIMATED AGE

REASONS FOR REMOVAL OF CHILD

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

MARK	SECTION OF ACT	REASONS FOR REMOVAL
	151(2)	I have removed the above-mentioned child/children in terms of a children's court order (Document attached as per Annexure)
	47(3)	I have removed the above-mentioned child/children in terms of an order of another court (Document attached as per Annexure)
	170(4)	I have apprehended the above-mentioned child/children who has/have absconded or failed to return to alternative care (Document attached as per Annexure)
		I have reason to believe that the child/children is/are in need of care and protection due to the following:
	150(1)(a)	has been abandoned or orphaned and is without any visible means of support
	150(1)(b)	displays behaviour which cannot be controlled by the parent or care-giver

MARK	SECTION OF ACT	REASONS FOR REMOVAL
	150(1)(c)	lives or works on the streets or begs for a living
	150(1)(d)	is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency
	150(1)(e)	has been exploited or lives in circumstances that expose the child to exploitation
	150(1)(f)	lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being
	150(1)(g)	may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child
	150(1)(h)	is in a state of physical or mental neglect
	150(1)(i)	is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a family member of the child or by a person under whose control the child is.
		I have found the child/children in the following circumstances and I have reason to believe that the child/children may be in need of care and protection:
	150(2)(a)	a child who is a victim of child labour
	150(2)(a)	a child in a child-headed household

RESPONSIBLE PERSON

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

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

ADDITIONAL INFORMATION: CHILD(REN)

(Special needs, medical conditions, behaviour, etc)

OFFICIAL CONDUCTING REMOVAL OF CHILD(REN)

Details of person conducting removal of child(ren)

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

ACKNOWLEDGMENT OF RECEIPT

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

TEMPORARY SAFE CARE FACILITY			
Signature			
Name & surname			
Place			
Date		Time	

COPIES OF AUTHORITY

A **true copy** of this authority must be provided to the following and must be confirmed by the issue of a **Form 38** court order within the applicable time limits:

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

REFERRAL

Case referred to Organisation/Social worker

Name & surname	
Organisation	
Telephone number	
Facsimile number	
Reference number	

SEE NOTES ON NEXT PAGE

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

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

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

B. Directions for police officials:

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

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

C. General

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

Note 2

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

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

FORM 37

REQUEST FOR REVIEW OF PLACEMENT OF CHILD IN TEMPORARY SAFE CARE

(Regulation 59(1), 63(4)(a), 88(1))

[SECTION 152(2) AND (3) OF THE CHILDREN'S ACT 38 OF 2005]

REPUBLIC OF SOUTH AFRICA

TO: THE CHILDREN'S COURT FOR THE DISTRICT

OF

FROM:

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

NAME(S) OF CHILD/CHILDREN

I HEREBY CONFIRM THAT:

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

Mark with an "x":

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

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

placement of the *child/children will be reviewed by the children's court on at

..... and that further information may be furnished to the presiding officer should *he/she/they so choose.

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

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

☐ I have no other information to furnish at this stage.

Police Official/Social Worker/Authorised Person
.....

NOTE

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

(*) Delete which is not applicable

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

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT

OF

HELD AT

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

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

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

- The interim authority for placement (Form 36) dated is confirmed with effect *from date of admission/from

- The reason(s) for *admission/placement/continued placement is/are

- SPECIAL REQUIREMENTS determined by court:

NOTE

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

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

Given at this day of

.....
Presiding Officer

COPY TO: DESIGNATED SOCIAL WORKER

Organisation/agency/department:

Address:

.....

Tel. no.:

(*) Delete which is not applicable

FORM 39**NOTICE TO PARENT, GUARDIAN OR CARE-GIVER OF A CHILD TO ATTEND
CHILDREN'S COURT AND TO BRING CHILD BEFORE COURT
(Regulation 60(2), (3))**

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT

OF

HELD AT

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

NAME(S) OF CHILD/CHILDREN	GENDER

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

(address):

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

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

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

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

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

NOTE

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

Dated at this day of

.....
Clerk of the Court

Received a true copy hereof

.....
Signature of parent/guardian/care-giver

Date:

(*) Delete which is not applicable

FORM 40

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

(Regulation 61(1)(a))

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

File no. Court file no.

Department of or Welfare Organisation

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)

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.....

.....

.....

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)

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

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

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.....

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)

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

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.....

.....

.....

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

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.....

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.....

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):

.....

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.....

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

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

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

.....
.....
.....
Financial aspects (income and expenditure of parents):

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

Child concerned (name):

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

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

.....
.....
Psychological factors (also indicate any mental disabilities):

.....
.....
Relationships with parents, siblings or peers:

.....
.....
Schooling (abilities, problems, difficulties and achievements):

G. SPECIAL CIRCUMSTANCES FOR CONSIDERATION

Abandoned or orphaned children (discuss circumstances):

Children with special needs (indicate needs / requirements):

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

I. FACTORS RESULTING IN INVESTIGATION

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

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

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

[illegible][illegible]

.....

.....

.....

.....

[illegible]

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)

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

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

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

- ☐ therapeutic needs
-

- ☐ 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)

.....

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.....

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 care-giver as possible to encourage visiting by such persons

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

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

- ☐ be adopted by relatives

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

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

- ☐ be placed under the guardianship of relatives

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

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

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

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

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

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

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

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