

## FORM 41

## APPLICATION FOR EXTENSION OF PLACEMENT IN ALTERNATIVE CARE BEYOND 18 YEARS OF AGE

(Regulation 69(1))

[SECTION 176 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Head of the Provincial Department of Social Development

..... (Province)

..... (Address)

.....

.....

Dear Sir / Madam

In terms of section 176 of the Children's Act, 38 of 2005, I .....

..... (full names and surname) wish to apply for an extension of the period for which I have been placed in alternative care until the completion of my education or training. I understand that I may not continue to reside in alternative care beyond the end of the year in which I reach the age of 21 years. A certified copy of one of the following documents is attached as verification of my identity and proof of age (mark with an "x"):

- ☐ Birth certificate (only if not in possession of identity document or passport)
- ☐ Identity document
- ☐ Other

I am currently placed in alternative care with the following person/place/centre/facility/premises\*:

..... (name)

..... (address)

.....

.....

.....

..... (contact person)

..... (tel. no.)

Date on which placement in alternative care is due to expire: .....

Nature of alternative care (mark with an "x"):

- ☐ Foster care
- ☐ Child and youth care centre

The following documents are attached in support of my application:

- ☐ An originally signed letter from my current alternative care-giver to the effect that he/she/they\* is/are\* willing and able to care for me; and

- ☐ An originally signed letter from the head of my education or training facility indicating that I have the capability to complete my education or training.

(\* - delete which is not applicable)

I declare that my continued stay in alternative care is necessary to enable me to complete my education or training.

My postal address is:

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

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

.....  
.....

Yours sincerely

\_\_\_\_\_  
(Signature of applicant)

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

## FORM 42

CONSENT TO APPLICATION FOR A PASSPORT FOR A FOSTER CHILD/REMOVAL OF A FOSTER CHILD FROM  
THE REPUBLIC  
(Regulation 71(4)(b), 71(5))

Reference no: \_\_\_\_\_

Particulars of foster child in respect of whom permission is sought

Full name of child	
Date of birth	
ID number	
Address of child	
Contact details	
Age of child	
Name of foster parent	
ID Number/Passport number	
Address	
Telephone number	
Cell phone number	

Details regarding foster child's parent(s)/guardian, if whereabouts known

Name of parent/guardian				
Address				

Reasons for application for passport/consent to remove child from the Republic\*


\*provide detailed reasons motivating the application, and indicate if whereabouts of parents are unknown

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

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

Name \_\_\_\_\_

By virtue of powers vested in the MEC, Social Development and delegated to the undersigned, and whereas the said foster child is currently under the foster care of ..... (insert name) and being satisfied that sound reasons for granting permission to apply for a passport exist/ the removal of the child from the Republic is necessary, hereby give consent in terms of regulation 71(4)(b).

Consent to apply for passport \_\_\_\_\_  
AND/OR

Consent to travel to \_\_\_\_\_

Consent valid from \_\_\_\_\_ until \_\_\_\_\_ (if applicable)

Given at \_\_\_\_\_ on \_\_\_\_\_

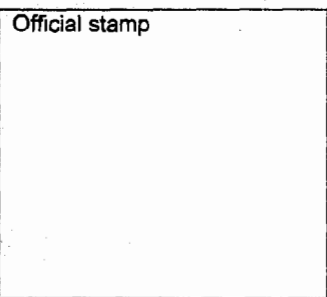
Name of officer \_\_\_\_\_

Rank \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Official stamp



## FORM 43

STATEMENT BY A FOSTER PARENT REGARDING THE ADOPTION OF A CHILD IN HIS OR HER FOSTER CARE  
(Regulation 73(2), 112(3)(b))

Note: Separate form must be used for each child.

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

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

I/We (1) (full names) .....

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

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

And residing at:.....  
.....Being the foster parent(s) of the child.....  
.....

(full names of child)

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

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

Hereby state that:

- ☐ I/We have been informed of a pending application to adopt the aforementioned child; and
- ☐ I/We do not wish to submit an application to adopt the child concerned

(mark appropriate box with an X)

\_\_\_\_\_  
Foster parent 1\_\_\_\_\_  
Foster parent 2

Place:.....

Date:.....

**FORM 44****FOSTER CARE PLAN  
(Regulation 75(2), 80(2))****[SECTION 188(1)(e) OF THE CHILDREN'S ACT 38 OF 2005]**

Note: if more than one child in a family is to be placed with one foster parent, only one agreement needs to be completed in respect of all of the children

**Part A: Particulars of biological parent(s) or guardian(s)***Parent 1.*

Surname	
Full Names	
ID No/Date of Birth	
Residential Address	
Contact no	
Work Address	
Work telephone no	
Relationship to child/children	

*Parent 2.*

Surname	
Full Names	
ID No/Date of Birth	
Residential Address	
Contact no	
Work Address	
Work telephone no	
Relationship to child/children	

Details of further family members or persons having an interest in the wellbeing of the child or children must be furnished on a separate page and attached to this **Form** as an annexure.

**Part B: Details of foster parent/cluster foster care scheme****Foster parent\***

Surname	
Full Names	
ID No/Date of Birth	
Residential Address	
Contact no	
Work Address	
Work telephone no	

\*If applicable

**Cluster foster care scheme\***

Name of scheme	
Address of scheme	
Name of nonprofit organisation which registered the cluster foster care scheme	
NPO number	
Representative of the scheme (name)	

\*If applicable

**Details of designated child protection agency / designated social worker/ (tick where appropriate)**

Surname	
Full Names	
ID No/Date of Birth	
Name of agency	
NPO number/registration number where applicable)	
Residential Address	
Contact no	
Work Address	
Work telephone no	

**Part C: Details of child or children in respect of whom foster care plan has been concluded**

**Details of child**

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

**Second Child**

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

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

**Part D: Details of responsibilities and rights in respect of child in foster care and services to be provided**

**D. 1** Please provide details concerning the day to day care of the child by the foster parent(s) and/or the exercise by the foster parent(s) of parental responsibilities in respect of the child

.....

.....

.....  
.....  
**D.2** Please provide details of matters on which the biological parent(s) or guardians must be consulted or may be required to provide their consent

.....  
.....  
**D. 3 Contact**

Please provide details concerning any agreed contact by biological parents or family members or other persons having an interest in the child in foster care

.....  
.....  
**D. 4** Particulars as to the reunification services to be provided by the designated social worker or designated child protection agency and the role and responsibilities of biological parents and foster parents in relation to such services

.....  
.....  
**D.5** Particulars as to financial contributions to the child's maintenance and upbringing or schooling by the parent/guardian

.....  
.....  
**D.6** Particulars as to the supervision and monitoring services to be undertaken by the designated social worker/designated child protection organisation

.....  
.....  
**Part E: Any additional information**

.....  
.....  
**Part F: Views of the child**

Has the child or have the children who is of sufficient age and maturity been given an opportunity to express their views in the formulation of this foster care plan, and have these views been given due consideration? Y/N

Date

Name ..... of ..... biological parent.....  
.....

Signature of biological parent/family member/person having an interest in the well being of the child

Name of foster parent.....

Signature of foster parent.....



Name of designated social worker.....

Signature of designated social worker or representative of designated child protection agency.....

F. Order of Court (where applicable)

I.....(insert name) presiding in the children court  
at.....(insert place).....hereby make the contents of this  
foster care plan an order of the court.

Signed  
Date

**Official stamp**

## FORM 45

## APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 76(1))

REPUBLIC OF SOUTH AFRICA

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

Reference no: \_\_\_\_\_

## (A) PARTICULARS OF APPLICANT

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

NPO number: \_\_\_\_\_

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

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

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

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

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

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

Names of Office Bearers \_\_\_\_\_

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

Name of cluster foster care scheme \_\_\_\_\_

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

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

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

Names of office bearers of cluster foster care scheme (if applicable) \_\_\_\_\_

## (B) SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

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

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

(C)

**GENERAL REMARKS**

Any additional remarks by the applicant in support of the application: \_\_\_\_\_

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

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
CAPACITY

\_\_\_\_\_  
DATE

## FORM 46

## CERTIFICATE OF REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 76(3))

Reference No.: \_\_\_\_\_

## REPUBLIC OF SOUTH AFRICA

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

on \_\_\_\_\_ (insert date).

Physical address of nonprofit organisation :

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

Physical address of cluster foster care scheme :

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

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

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

Provincial Head: Social Development

Province: \_\_\_\_\_

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

**FORM 47**

## REFUSAL TO GRANT AN APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

**(Regulation 76(5))**

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

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

Name of cluster foster care scheme: \_\_\_\_\_

Physical address of applicant: \_\_\_\_\_

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

**I have refused the application for the following reasons:**

[illegible]

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FORM 48

AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD IN RESPECT OF A CLUSTER FOSTER CARE  
SCHEME

(Regulation 76(6))

Reference No.: \_\_\_\_\_

## REPUBLIC OF SOUTH AFRICA

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

Name of cluster foster care scheme: \_\_\_\_\_

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

This is an appeal against a decision of the provincial head of social development of \_\_\_\_\_  
(Insert name of province) against the exercise of his or discretion in respect of a decision relating to the refusal of  
registration of a cluster foster care scheme.

- ☐ 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.

\_\_\_\_\_  
APPELLANT\_\_\_\_\_  
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 49

## NOTICE OF DEREGISTRATION OF CLUSTER FOSTER CARE SCHEME

(Regulation 76(9))

Reference No: \_\_\_\_\_

TO:

Name of nonprofit organisation

Physical Address

Name of cluster foster care scheme:

Physical address

I, by the authority vested in me by the Children Act, 2005, hereby give 60 days notice, which expires on \_\_\_\_\_ that the registration of the above-named cluster foster care scheme will be withdrawn, and must thereafter cease operating as a foster placement for children.

Provincial Head: Social Development

Province: \_\_\_\_\_

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

**FORM 50**  
**ANNUAL REPORT OF CLUSTER FOSTER CARE SCHEME**  
**(Regulation 77(2))**

Reference no: \_\_\_\_\_

TO: \_\_\_\_\_  
Provincial Head: Social Development  
Province: \_\_\_\_\_  
Date \_\_\_\_\_

(A)

**PARTICULARS OF SCHEME AND NON-PROFIT ORGANISATION**

Name of cluster foster care scheme \_\_\_\_\_

Address of cluster foster care scheme \_\_\_\_\_  
\_\_\_\_\_Contact details \_\_\_\_\_  
\_\_\_\_\_Name of nonprofit organisation managing or operating cluster foster care scheme \_\_\_\_\_  
\_\_\_\_\_Physical address of nonprofit organisation \_\_\_\_\_  
\_\_\_\_\_

(B)

**SUPPORTING DOCUMENTS**

- Please attach financial report for the year detailing income received and expenditure incurred
- Please attach description of number of children placed in the foster care scheme, the duration of their placement, the number of active members providing foster care, and manner in which cluster foster care scheme operates, details of child protection services rendered to children in the scheme
- Please attach details of programmes delivered to children or to active members providing foster care
- Please attach details of provision of any services to children with special needs

(C)

**GENERAL REMARKS**

Any additional achievements made or challenges experienced

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Capacity

**FORM 51**  
**NOTICE OF DEATH OF CHILD IN FOSTER CARE**  
**(Regulation 81(2))**

Reference no: \_\_\_\_\_

TO: \_\_\_\_\_  
Provincial Head: Social Development  
Province: \_\_\_\_\_  
Date \_\_\_\_\_

I \_\_\_\_\_ (insert name) in my capacity as

- ☐ Designated social worker
- ☐ Foster parent
- ☐ Manager/operator of a cluster foster care scheme
- ☐ Other\*

[please provide details]

Hereby given notice as required by regulation 81(1) issued under section 190 of the Children's Act of the death of foster child \_\_\_\_\_ (insert child's name) \_\_\_\_\_ (insert date of birth/identification number/passport number) on \_\_\_\_\_ (insert date).

Possible cause of death:

- ☐ Natural causes
- ☐ Unnatural causes\*

(Give brief details)

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

Name of person reporting: \_\_\_\_\_

ID Number/ passport number/ date of birth: \_\_\_\_\_

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

Contact details: \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## FORM 52

CHILD AND YOUTH CARE CENTRES: NOTICE OF MOVEMENT OF A CHILD  
(Regulation 91)

## REPUBLIC OF SOUTH AFRICA

The Provincial Head of Social Development

CHILD:

CHILD AND YOUTH CARE CENTRE:

MY REFERENCE NUMBER:

YOUR REFERENCE NO.:

Please note that the said child (insert only the particulars that are applicable)—

- ☐ Was admitted to this child and youth care centre in terms of section 158 of the Children's Act 38 of 2005, and relevant section of the Criminal Procedure Act 51 of 1977, on .....
- ☐ was transferred from  
to this child and youth care centre on .....
- ☐ was on leave of absence from ..... up to and including.....
- ☐ was re-admitted to their child and youth care centre on .....  
because \*his/her leave of absence was cancelled
- ☐ absconded on ..... and by date hereof has not yet been readmitted to this  
child and youth care centre
- ☐ failed to return to this child and youth care centre after expiry of his/her leave of absence  
on .....
- ☐ was admitted to a hospital on ..... and by date hereof has not yet been re-  
admitted to this child and youth care centre
- ☐ was transferred from this child and youth care centre to .....  
on .....
- ☐ was discharged from this child and youth care centre on .....
- ☐ has been absent since ..... because .....

Manager of Child and Youth Care Centre .....

Date: .....

Address: .....

Insert X in appropriate block/\*Delete whichever is not applicable

## FORM 53

APPLICATION FOR THE REGISTRATION / RENEWAL OF REGISTRATION  
OF A CHILD AND YOUTH CARE CENTRE

(\* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 92(1))

REPUBLIC OF SOUTH AFRICA

(A)

## PARTICULARS OF APPLICANT

Name of child and youth care centre: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

Physical address of person or body: \_\_\_\_\_

\_\_\_\_\_

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

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

Accreditation reference number: \_\_\_\_\_

(B)

## MANAGEMENT BOARD

Constitution of the management board:

Chairperson : \_\_\_\_\_

Vice-chairperson : \_\_\_\_\_

Secretary : \_\_\_\_\_

Treasurer : \_\_\_\_\_

Member : \_\_\_\_\_

Member : \_\_\_\_\_

Member : \_\_\_\_\_

Member : \_\_\_\_\_

Committees (state nature and number of members:

(a) Nature : \_\_\_\_\_ Number: \_\_\_\_\_

(b) Nature : \_\_\_\_\_ Number: \_\_\_\_\_

(c) Nature : \_\_\_\_\_ Number: \_\_\_\_\_

(d) Nature : \_\_\_\_\_ Number: \_\_\_\_\_

**Auditors**

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

Address : \_\_\_\_\_

Telephone number : \_\_\_\_\_

Registration number : \_\_\_\_\_

(C)

**STAFF**

Staff provision (names of incumbents not required)

Designation	Sex	Salary or remuneration	Skills, qualifications and experience

(Further particulars must be furnished in an annexure)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(D)

**BUILDINGS, SITE AND EQUIPMENT**

Extent of premises: \_\_\_\_\_

Extent of buildings: \_\_\_\_\_

Extent of playgrounds: \_\_\_\_\_

Rooms and amenities for use by children:

Type	Number	Floor space
Bedrooms:		
Boys		
Girls		

Dining room		
Kitchen		
Bathrooms		
Boys		
Girls		
Washbasins		
Boys		
Girls		
Showers		
Boys		
Girls		
Toilets		
Boys		
Girls		
Recreation rooms		
Isolation room		
Others		

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

\_\_\_\_\_

State what provisions has been made for recreation:

Indoors: \_\_\_\_\_

Outdoors: \_\_\_\_\_

(E)

CHILDREN

Provide details regarding the programme or programmes to be offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of children that will be accommodated: \_\_\_\_\_

Boys: \_\_\_\_\_

Girls: \_\_\_\_\_

Particulars of children (reply yes or no):

Destitute and neglected children:

Abused children:

Children with substance abuse challenges:

Children with behaviour challenges:

Children with developmental or psychological disabilities:

Children with physical disabilities (also state nature);

Abandoned children:

Children previously living on the street:

Arrangements for medical and dental care:

Arrangements for education:

Arrangements for religious instruction:

**(F) GENERAL**

State whether the premises is the property of the applicant:

If rented premises, state monthly rent:

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

**(G) SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

- A certified copy of the constitution or founding document of the child and youth care centre as prescribed by section 200(1)(c)(i) of the Act;
- a business plan containing the information as prescribed by regulation 92(4)(a);
- the staff composition including an exposition of the prescribed and other skills with supporting documents including copies of any qualification in respect of professional staff employed at a child and youth care centre as prescribed by as prescribed by regulation 92(4)(b);
- the financial statements of the child and youth care centre including an exposition of the funds available to operate the child and youth care centre as prescribed by regulation 92(4)(c);
- the emergency plan as prescribed by regulation 92(4)(d); and
- clearance certificates that the names of any Board member appointed in terms of regulation 15 and the names of any employee do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act as prescribed by regulation 92(4)(e).

**(H) REMARKS**

Any additional remarks by the applicant in support of the application: \_\_\_\_\_

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

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
CAPACITY

\_\_\_\_\_  
DATE

## FORM 54

CERTIFICATE OF REGISTRATION / RENEWAL OF REGISTRATION  
OF A CHILD AND YOUTH CARE CENTRE

(\* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 94(1))

REPUBLIC OF SOUTH AFRICA

Reference No.: \_\_\_\_\_

It is hereby certified that:

☐

the following child and youth care centre has been registered in terms of section 200 of the Act;

☐

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

on \_\_\_\_\_ (insert date) until \_\_\_\_\_ (insert date) to accommodate \_\_\_\_\_ children  
(insert number).

Name of child and youth care centre: \_\_\_\_\_

Physical address of child and youth care centre:

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

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

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

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Provincial Head: Social Development

Province: \_\_\_\_\_

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



**FORM 55****REJECTION OF AN APPLICATION FOR THE REGISTRATION / RENEWAL OF REGISTRATION OF A CHILD AND  
YOUTH CARE CENTRE****(\* DELETE THAT WHICH IS NOT APPLICABLE)****(Regulation 94(4))****REPUBLIC OF SOUTH AFRICA**

Reference No.: \_\_\_\_\_

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

Name of child and youth care centre: \_\_\_\_\_

Physical address of child and youth care centre: \_\_\_\_\_  
\_\_\_\_\_

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

I have refused the application for the following reasons:

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\_\_\_\_\_  
PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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

(Regulation 94(5))

REPUBLIC OF SOUTH AFRICA

Reference No.: \_\_\_\_\_

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

Name of child and youth care centre: \_\_\_\_\_

Physical address of child and youth care centre: \_\_\_\_\_

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

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

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

My reasons for appealing against the decision are also attached.

\_\_\_\_\_  
APPLICANT OR REGISTRATION HOLDER

\_\_\_\_\_  
DATE

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

## FORM 57

APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION  
OF A DROP-IN CENTRE

(\* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 106(1))

REPUBLIC OF SOUTH AFRICA

(A)

## PARTICULARS OF APPLICATION

Name of drop-in centre: \_\_\_\_\_

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

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

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

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

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

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

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

(B)

## SUPPORTING DOCUMENTS

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the drop-in centre including a copy of any qualification which would enhance development programmes in drop-in centres;
- a business plan containing the information prescribed by regulation 106(4)(a);
- a written plan containing the information prescribed by regulation 106(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;

(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 58

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

(\* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 107(1))

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

It is hereby certified that:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | the following drop-in centre has been registered in terms of section 219 of the Act;                  |
| <input type="checkbox"/> | the following drop-in centre has been conditionally registered in terms of section 220 of the Act; or |
| <input type="checkbox"/> | the registration of the following drop-in centre has been renewed in terms of section 219 of the Act. |

on \_\_\_\_\_ (insert date).

Name of drop-in centre facility: \_\_\_\_\_

Physical address of drop-in centre:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

PLEASE SEE REVERSE SIDE

## REVERSE SIDE OF FORM 58

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

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Provincial Head: Social Development/

Municipal Official

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

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

## FORM 59

REJECTION OF AN APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /  
RENEWAL OF REGISTRATION OF A DROP-IN CENTRE

(\* DELETE THAT WHICH IS NOT APPLICABLE)

(Regulation 107(4))

REPUBLIC OF SOUTH AFRICA

Reference No.: \_\_\_\_\_

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

Name of drop-in centre: \_\_\_\_\_

Physical address of drop-in centre: \_\_\_\_\_

\_\_\_\_\_

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

The application has been refused for the following reasons:

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\_\_\_\_\_  
PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/  
MUNICIPAL OFFICIAL

PROVINCE/ MUNICIPALITY: \_\_\_\_\_

DATE: \_\_\_\_\_

## 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

(Regulation 107(5)(a))

REPUBLIC OF SOUTH AFRICA

Reference No.: \_\_\_\_\_

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

Name of drop-in centre: \_\_\_\_\_

Physical address of drop-in centre: \_\_\_\_\_

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 219: Consideration of application for registration
	Section 219: Consideration of application for conditional registration
	Section 219: Consideration of application for renewal of registration
	Section 220: Conditions on which registration was granted
	Section 221: 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 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

(Regulation 107(5)(b))

REPUBLIC OF SOUTH AFRICA

Reference No.: \_\_\_\_\_

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

Name of drop-in centre: \_\_\_\_\_

Physical address of drop-in centre: \_\_\_\_\_

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 225 of the Act
	Section 219: Consideration of application for registration
	Section 219: Consideration of application for conditional registration
	Section 219: Consideration of application for renewal of registration
	Section 220: Conditions on which registration was granted
	Section 221: 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 62**  
**APPLICATION FOR THE REGISTRATION AS AN ADOPTIVE PARENT**  
**(Regulation 111(2))**  
**[SECTION 232(4) OF THE CHILDREN'S ACT 38 of 2005]**

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

(A) **APPLICATION**

1. I \_\_\_\_\_ (full name)  
an adoption social worker hereby apply for the registration as a prospective adoptive parent(s).  
Place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_
2. I declare that the names of the prospective adoptive parent(s) \*does/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 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(B) **PARTICULARS OF PROSPECTIVE ADOPTIVE PARENT(S)**

1. Date of birth: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
2. Identity number: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
3. Marital status: ☐ Joint applicants: Date of Marriage \_\_\_\_\_  
☐ Single applicant: \*unmarried/divorced/widow(er)/married to parent of child on: \_\_\_\_\_  
4. Cultural group: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
5. Religious affiliation: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
6. Home language: \_\_\_\_\_  
7. Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_  
8. Telephone numbers: Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Office hours)  
Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Residence)  
Mobile phone: \_\_\_\_\_

PLEASE SEE REVERSE SIDE

## REVERSE OF FORM 62

9. Are both applicants South African citizens?

Yes	No
-----	----

If no, state –

(i) the nationality of: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(ii) \*whether the prospective adoptive parent(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):

(1) 

Yes		No	
-----	--	----	--

(2) 

Yes		No	
-----	--	----	--

(iii) whether or not proof of such application has been provided:

(1) 

Yes		No	
-----	--	----	--

(2) 

Yes		No	
-----	--	----	--

I DECLARE THAT the particulars set out in the statement above are true and correct to the best of \*my/our knowledge and belief.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Adoption social worker**

Insert an X in the appropriate and \*Delete whichever is not applicable

(C)

FOR OFFICIAL USE ONLY

The Director-General  
Department of Social Development  
Pretoria

Submission of an application for the registration as adoptive parent/parents together with the report of an adoption social worker for your consideration, please.

\_\_\_\_\_  
Adoption social worker\_\_\_\_\_  
Initials and surname

Registration number: \_\_\_\_\_

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

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

Telephone number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Fax number : Code: \_\_\_\_\_ Number: \_\_\_\_\_

## FORM 63

## APPLICATION FOR THE RENEWAL OF REGISTRATION AS AN ADOPTIVE PARENT

(Regulation 111(3))

[SECTION 232(5)(b) OF THE CHILDREN'S ACT 38 of 2005]

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

(A)

## APPLICATION

1. I \_\_\_\_\_ (full name)

an adoption social worker hereby apply for the registration as a prospective adoptive parent.

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

2. I declare that the names of the prospective adoptive parent(s) \*does/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 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(B)

PARTICULARS OF PROSPECTIVE ADOPTIVE  
PARENT(S)

1. Date of birth: (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Identity number: (1) \_\_\_\_\_ (2) \_\_\_\_\_
3. Marital status: ☐ Joint applicants: Date of Marriage \_\_\_\_\_
- ☐ Single applicant: \*unmarried/divorced/widow(er)/married to parent of child on: \_\_\_\_\_
4. Cultural group: (1) \_\_\_\_\_ (2) \_\_\_\_\_
5. Religious affiliation: (1) \_\_\_\_\_ (2) \_\_\_\_\_
6. Home language: \_\_\_\_\_
7. Postal address: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_ Postal code: \_\_\_\_\_
8. Telephone numbers: Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Office hours)
- Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Residence)
- Mobile phone: \_\_\_\_\_

PLEASE SEE REVERSE SIDE

## REVERSE OF FORM 63

9. Are both applicants South African citizens?

Yes	No
-----	----

If no, state –

(i) the nationality of: (1) \_\_\_\_\_  
 (2) \_\_\_\_\_

(ii) \*whether the prospective adoptive parent(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):

(1) 

Yes		No	
-----	--	----	--

(2) 

Yes		No	
-----	--	----	--

(iii) whether or not proof of such application has been provided:

(1) 

Yes		No	
-----	--	----	--

(2) 

Yes		No	
-----	--	----	--

I **DECLARE THAT** the particulars set out in the statement above are true and correct to the best of \*my/our knowledge and belief.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**Adoption social worker**

Insert an X in the appropriate and \*Delete whichever is not applicable

(C)

FOR OFFICIAL USE ONLY

The Director-General  
 Department of Social Development  
 Pretoria

Submission of an application for the renewal for the registration as adoptive parent/parents together with the report of an adoption social worker for your consideration, please.

\_\_\_\_\_  
Adoption social worker\_\_\_\_\_  
Initials and surname

Registration number: \_\_\_\_\_

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

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

Telephone number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Fax number : Code: \_\_\_\_\_ Number: \_\_\_\_\_

## FORM 64

## APPLICATION FOR THE REGISTRATION OF AN ADOPTABLE CHILD

(Regulation 111(5))

[SECTION 232(2) OF THE CHILDREN'S ACT 38 OF 2005]

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

(A)

## APPLICATION

I \_\_\_\_\_ (state capacity of applicant in terms of regulation 111(5) - see reverse side of form for eligible applicants) \*residing /or doing business at \_\_\_\_\_

hereby apply for the registration of an adoptable child.

(B)

## FURTHER PARTICULARS OF APPLICANT(S)

1. Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postal code: \_\_\_\_\_
2. Telephone numbers: Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Office hours)  
Code: \_\_\_\_\_ Number: \_\_\_\_\_ (Residence)  
Mobile phone: \_\_\_\_\_
3. Attach proof of accreditation  
Accreditation attached : 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(C)

## PARTICULARS OF ADOPTABLE CHILD

1. Full names of child: \_\_\_\_\_
2. Date of birth or estimated age: \_\_\_\_\_
3. Gender of child: \_\_\_\_\_
4. Home language: \_\_\_\_\_
5. Cultural group: \_\_\_\_\_
6. Religious affiliation: \_\_\_\_\_
7. Special needs of the child (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEE REVERSE SIDE

## REVERSE OF FORM 64

I DECLARE THAT the particulars set out in the statement above are true and correct to the best of \*my/our knowledge and belief.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Capacity**

Mark with X in the appropriate block and \*Delete whichever is not applicable

(D)

FOR OFFICIAL USE ONLY

The Director-General  
Department of Social Development  
Pretoria

An application for the registration of an adoptable child together with the report of an adoption social worker for your consideration, please.

\_\_\_\_\_  
Applicant (signature)

\_\_\_\_\_  
Initials and surname

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

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

Telephone number: Code: \_\_\_\_\_ Number: \_\_\_\_\_

Fax number : Code: \_\_\_\_\_ Number: \_\_\_\_\_

**Note**

Regulation 111(5) of the regulations provides that when a child is available for adoption –

- (a) an adoption social worker;
  - (b) a provincial head of social development;
  - (c) a child protection organisation accredited in terms of section 251 to provide adoption services; and
  - (d) a child protection organisation accredited to provide inter-country adoption services,
- may apply for the registration of the child as an adoptable child substantially in the form of **Form 64**.

A provincial head of social development includes a person who has a delegation in terms of section 311 of the Children's Act 38 of 2005

**FORM 65****APPLICATION FOR THE ADOPTION OF A CHILD  
(Regulation 112(2))**

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

**NOTE**☐

Joint applicants complete (1) and (2)

☐

Single applicant completes (1)

TO THE CLERK OF THE CHILDREN'S COURT: \_\_\_\_\_

(A)

**APPLICATION**

1. \*I/We (1) \_\_\_\_\_ (full name)  
 (2) \_\_\_\_\_ (full name)  
 residing at \_\_\_\_\_  
 hereby apply for the adoption of \_\_\_\_\_  
 (full names of the child)  
 \_\_\_\_\_ (\*male/female), born at \_\_\_\_\_  
 identity number \_\_\_\_\_, residing at \_\_\_\_\_

2. \*I/We request that -

- ☐ \*my/our identity not be disclosed to a parent or guardian of the child;  
☐ \*if the order is granted, the surname \_\_\_\_\_  
 \*be conferred on the child/be retained by the child;  
☐ \*the parent's/guardian's consent be dispensed with for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Notice has been taken that -

- (a) \*I/We may not give, undertake to give, receive or contract to receive any consideration, in cash or kind, in respect of the proposed adoption of the child, save as prescribed under the Social Work Act, 1978;  
 (b) a parent may withdraw his/her consent to the adoption up to 60 days after having given such consent and that the application cannot be finalised before the expiry of this period;  
 (c) a child who is 10 years or older, or under the age of 10 years, but of an age, maturity and stage of development to understand the implications of the withdrawal of such consent up to 60 days after having given such consent;  
 (d) \*I/We may be required to restore custody of the child immediately in favour of the \*parent(s), \*guardian(s), supervising social worker or \*person(s) designated by the children's court upon withdrawal of such consent by a parent or by the child.

PLEASE SEE REVERSE HEREOF



## REVERSE OF FORM 65

(B)

## FURTHER PARTICULARS OF APPLICANT(S)

1. Date of birth: (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Identity number: (1) \_\_\_\_\_ (2) \_\_\_\_\_
3. Marital status: ☐ Joint applicants: Date of Marriage \_\_\_\_\_  
☐ Single applicant: \*unmarried/divorced/widow(er)/married to parent of child on: \_\_\_\_\_
4. Cultural group: (1) \_\_\_\_\_ (2) \_\_\_\_\_
5. Religious affiliation: (1) \_\_\_\_\_ (2) \_\_\_\_\_
6. Home language: \_\_\_\_\_
7. Is the applicant or are both applicants South African citizens? ☐ Yes ☐ No  
 If no, state –  
 (i) the nationality of: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (ii) \*whether the applicant/either of the applicant(s) has/have applied for a certificate(s) of naturalization as a South African citizen(s):  
 (1) ☐ Yes ☐ No (2) ☐ Yes ☐ No  
 (iii) whether or not proof of such application has been provided:  
 (1) ☐ Yes ☐ No (2) ☐ Yes ☐ No
8. \*Is the applicant/either of the applicants related to the child \*he/she/they wish(es) to adopt:  
 (1) ☐ Yes ☐ No (2) ☐ Yes ☐ No  
 If so, what is the relationship?  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_
9. \*Is the applicant/ether of the applicants in receipt of any allowance from the State in respect of the child?  
 (1) ☐ Yes ☐ No (2) ☐ Yes ☐ No  
 If so, state type of allowance: \_\_\_\_\_ Reference number: \_\_\_\_\_  
 Name of beneficiary: \_\_\_\_\_

**\*I/WE DECLARE THAT** the particulars set out in the statement above are true and correct to the best of \*my/our knowledge and belief.

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Applicant (1)

Applicant (2)

## NOTE

Please attach:

- (i) The original birth certificate or identity document of the child.
- (ii) A certified copy of the identity document of each applicant.
- (iii) Where (i) and (ii) are not available, a sworn statement by an adoption social worker.
- (iv) In the case of a foster child, the written statement of the foster parent(s) in terms of section 18(4(g)) of the Act (Form 43).
- (v) Where applicable, the written consent of the parent(s) attested to before a commissioner.
- (vi) Where applicable, the written consent of the child attested to before a commissioner.
- (vii) Where the applicant(s) wish to receive the child into his/her/their custody, a report from an adoption social worker, that the applicant(s) is/are a potentially suitable prospective adoptive parent(s).

Insert an X in the appropriate block and \*Delete whichever is not applicable

## FORM 66

CONSENT BY PARENT OR GUARDIAN TO THE ADOPTION OF A CHILD  
(Regulation 112(3)(c), 113(1))

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

## NOTE

☐

A separate form must be used for each child

☐

Where the consent of both parents is required, a separate form should be completed by each parent

IN THE CHILDREN'S COURT FOR THE DISTRICT OF \_\_\_\_\_

HELD AT \_\_\_\_\_

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

I, \_\_\_\_\_ (full name),  
identity number \_\_\_\_\_, residing at \_\_\_\_\_

Being the \*father/mother of \_\_\_\_\_  
(full name of child)

hereby voluntarily consent to the adoption of the said child by -

☐

(a) \_\_\_\_\_; or  
(\*full name(s) or persons wishing to adopt the child)

☐

(b) a person or persons unknown to me

## FURTHER PARTICULARS OF PARENT OR GUARDIAN

My religious affiliation is \_\_\_\_\_ \*I am/I am not a South African citizen.

☐

I am unmarried and have never been married before

☐

I am married to the \*mother/father of the child

☐

I have never been married to the father of the child

☐

I am divorced from the \*mother/father of the child

☐

My present husband is not the father of the child who was born \*prior to/during our marriage

☐

I am the \*widow/er of the father/mother of the child

\_\_\_\_\_  
*Signature of \*father/mother/guardian*

SIGNED BEFORE ME after I have explained to the said \*father/mother/guardian the effect of an adoption order as set out in section 242 of the Act, and have informed \*him/her that -

- (i) \*he/she may withdraw this consent in writing before a presiding officer of the children's court at any time during a period of up to 60 days after having given this consent;
- (ii) \*he/she is not entitled to be present when the application for adoption is considered unless permission to be present has been obtained from the presiding officer of the children's court; and

\*he/she has intimated that \*he/she understands the legal consequences and requirements.

PLACE \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
*Presiding officer: Children's court*

Insert an X in appropriate block and \*Delete whichever is not applicable

PLEASE SEE REVERSE HEREOF

## REVERSE SIDE OF FORM 66

**NOTICE****A. PROHIBITED CONSIDERATION (IN TERMS OF SECTION 249 OF THE CHILDREN'S ACT, 2005)**

(1) No person may-

- (a) give or receive, or agree to give or receive, any consideration, in cash or in kind, for the adoption of a child in terms of Chapter 15 or Chapter 16; or
- (b) induce a person to give up a child for adoption in terms of Chapter 15 or Chapter 16.

(2) Subsection (1) does not apply to-

- (a) the biological mother of a child receiving compensation for-
  - (i) reasonable medical expenses incurred in connection with her pregnancy, birth of the child and follow-up treatment;
  - (ii) reasonable expenses incurred for counselling; or
  - (iii) any other prescribed expenses;
- (b) a lawyer, psychologist or other professional person receiving fees and expenses for services provided in connection with an adoption;
- (c) the Central Authority of the Republic contemplated in section 257 receiving prescribed fees;
- (d) a child protection organisation accredited in terms of section 251 to provide adoption services, receiving the prescribed fees;
- (e) a child protection organisation accredited to provide inter-country adoption services receiving the prescribed fees;
- (f) an organ of state; or
- (g) any other prescribed persons.

**B. EFFECT OF AN ADOPTION ORDER (IN TERMS OF SECTION 242 OF THE CHILDREN'S ACT, 2005)**

(1) Except when provided otherwise in the order or in a post-adoption agreement confirmed by the court an adoption order terminates-

- (a) all parental responsibilities and rights any person, including a parent, step-parent or partner in a domestic life partnership, had in respect of the child immediately before the adoption;
- (b) all claims to contact with the child by any family member of a person referred to in paragraph (a);
- (c) all rights and responsibilities the child had in respect of a person referred to in paragraph (a) or (b) immediately before the adoption; and
- (d) any previous order made in respect of the placement of the child.

(2) An adoption order-

- (a) confers full parental responsibilities and rights in respect of the adopted child upon the adoptive parent;
- (b) confers the surname of the adoptive parent on the adopted child, except when otherwise provided in the order;
- (c) does not permit any marriage or sexual intercourse between the child and any other person which would have been prohibited had the child not been adopted; and
- (d) does not affect any rights to property the child acquired before the adoption.

(3) An adopted child must for all purposes be regarded as the child of the adoptive parent and an adoptive parent must for all purposes be regarded as the parent of the adopted child.

**FORM 67****CONSENT BY CHILD TO ADOPTION  
(Regulation 112(3)(c), 113(2))**

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT OF \_\_\_\_\_  
HELD AT \_\_\_\_\_**IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD**I, \_\_\_\_\_  
(full name and surname of child)

identity number \_\_\_\_\_ residing at \_\_\_\_\_

**HEREBY VOLUNTARILY CONSENT TO MY ADOPTION BY (1)** \_\_\_\_\_and (2) \_\_\_\_\_  
(full name(s) and surname of applicant(s))\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Signature of child****SIGNED BEFORE ME** after I have explained to the said child the legal consequences of the consent and of an adoption and after I have informed \*him/her that:

- (i) \*he/she may at any time withdraw the consent before the order of adoption is made by the children's court; and
  - (ii) \*he/she is entitled to be present when the application for adoption is considered.
- \*he/she has intimated that \*he/she understands the above.

\_\_\_\_\_  
**Place**\_\_\_\_\_  
**Presiding officer: Children's court**\_\_\_\_\_  
**Date**

\*Delete whichever is not applicable

**FORM 68****ADOPTION OF CHILD: STATEMENT BY GUARDIAN  
(Regulation 112(3)(d))**

Reference No.: \_\_\_\_\_

**REPUBLIC OF SOUTH AFRICA****NOTE:**

A separate form must be used for each child

TO THE CLERK OF THE CHILDREN'S COURT FOR THE DISTRICT OF \_\_\_\_\_

HELD AT \_\_\_\_\_

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

I/WE (1) (full names) \_\_\_\_\_

(2) (full names) \_\_\_\_\_

Identity number(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

and residing at \_\_\_\_\_

being the guardian of the child \_\_\_\_\_

(full name of child)

**HEREBY STATE THAT:**☐ \*I/we have been informed of a pending application to adopt the aforementioned child; and☐ I/we do not wish to adopt the child concerned.\_\_\_\_\_  
**Guardian (1)**\_\_\_\_\_  
**Guardian (2)**\_\_\_\_\_  
**Witness**\_\_\_\_\_  
**Witness**

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

\*Delete whichever is not applicable and insert an X in appropriate block

## FORM 69

## WITHDRAWAL OF CONSENT TO ADOPTION BY PARENT OR GUARDIAN OF CHILD

(Regulation 113(3)(b))

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

THE PRESIDING OFFICER  
CHILDREN'S COURT  
\_\_\_\_\_ADOPTION OF: \_\_\_\_\_  
\_\_\_\_\_

(full name of child)

BY: \_\_\_\_\_

\*(names of proposed adoptive parent(s)/person(s) unknown to me)

OF: \_\_\_\_\_

(district where application was made)

PLEASE TAKE NOTE THAT I, \_\_\_\_\_  
\_\_\_\_\_OF \_\_\_\_\_  
\_\_\_\_\_HEREBY WITHDRAW MY CONSENT TO THE ADOPTION OF THE AFOREMENTIONED CHILD WHICH CONSENT  
WAS SIGNED BEFORE THE PRESIDING OFFICER, CHILDREN'S COURT AT \_\_\_\_\_ ON  
\_\_\_\_\_

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of parent

RECEIPT ACKNOWLEDGED: \_\_\_\_\_

Presiding officer: Children's court

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

## NOTE

Should consent be withdrawn in a district other than the district in which consent was given or in which the application for adoption is to be heard, the presiding officer: children's court who attached the consent must be expeditiously notified of such withdrawal for his or her further attention in terms of regulation 113(3)(b)

\*Delete whichever is not applicable

CONTINUES ON PAGE 322—PART 3

**FORM 70**  
**WITHDRAWAL OF CONSENT BY CHILD TO ADOPTION**  
**(Regulation 113(3)(c))**

Reference No.: \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA

THE CLERK OF THE CHILDREN'S COURT: \_\_\_\_\_

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

I, \_\_\_\_\_  
(full name and surname of child)

identity number \_\_\_\_\_ residing at \_\_\_\_\_

Hereby voluntarily withdraws my consent for my adoption by (1) \_\_\_\_\_

and (2) \_\_\_\_\_  
(full name(s) and surname of applicant(s))\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of child*

**SIGNED BEFORE ME** after I have explained to the said child the legal consequences of the withdrawal of consent for adoption and \*he/she has intimated that \*he/she understands the above.

\_\_\_\_\_  
*Place*\_\_\_\_\_  
*Presiding officer: Children's court*\_\_\_\_\_  
*Date*

\*Delete whichever is not applicable

**MEDICAL REPORT ON AGE ASSESSMENT OF CHILD  
(Regulation 114(2))**

## 1. PERSONAL PARTICULARS

Surname:	
Full names	
Sex:	
Residential address:	
	Code ( )
Residential telephone number:	

Height:		
Weight:		
Condition of:		
	Lungs:	
	Heart:	
	Teeth:	
Apparent disabilities: Indicate degree:		
	Sight:	
	Hearing:	
	Speech:	
	Orthopaedic:	
	Neurological:	
	Mental:	
Presence of *STD or other diseases/infections/injuries:		
Physical development according to * his/her age:	* Normal/abnormal If abnormal, specify:	
Nutrition:	* Adequate/deficient If deficient, specify:	
Vaccinations:	*Yes/No. If yes please specify:	
Substance abuse:	*Yes/No. If yes please specify:	
Other observations:	*Yes/No. If yes, please specify:	
Medical or other treatment required or recommended:	Yes/No. If yes, please specify:	

Date \_\_\_\_\_ Place \_\_\_\_\_

Medical practitioner

PLEASE SEE REVERSE SIDE



## REVERSE SIDE OF FORM 71

**B. MEDICAL ASSESSMENT OF AGE**

Surname:	
Full names:	
Height:	
Weight:	
Breasts:	
Molar teeth:	
Pubic hair:	
Axillaries:	
Facial:	
Genitals:	

**OPINION**

On the grounds of the above-examination, and \* his/her general appearance, dressed and undressed, \* his/her age is assessed at being between \_\_\_\_\_ and \_\_\_\_\_.

Most probable age: \_\_\_\_\_.

**REMARKS:**


Date \_\_\_\_\_ Place \_\_\_\_\_

\_\_\_\_\_  
Medical practitioner