
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF SCIENCE AND INNOVATION

NO. 2722

4 November 2022

**PROTECTION, PROMOTION, DEVELOPMENT AND MANAGEMENT OF INDIGENOUS
KNOWLEDGE ACT, 2019 (ACT NO. 6 OF 2019)****REGULATIONS RELATING TO THE PROTECTION, PROMOTION, DEVELOPMENT
AND MANAGEMENT OF INDIGENOUS KNOWLEDGE**

The Minister of Science and Innovation intends, in terms of section 31(1) of the Protection, Promotion, Development and Management of Indigenous Knowledge Act, 2019 (Act No. 6 of 2019), to make the Regulations in the Schedule.

Interested persons are invited to submit, within three months from the date of the publication of this Notice, any written comments or representations on the proposed Regulations to the Director-General, Department of Science and Innovation, Private Bag X894, Pretoria, 0001 (for attention of ..., or by email to ...

.....

MINISTER OF HIGHER EDUCATION SCIENCE AND TECHNOLOGY**DATE:**

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DEFINITIONS

Definitions

1. In these Regulations, any word or expression to which a meaning has been assigned in the Act, bears the meaning so assigned and, unless the context otherwise indicates –

“**DSI**” means the Department of Science and Innovation;

“**the Act**” means the Protection, Promotion, Development and Management of Indigenous Knowledge Act, 2019 (Act No. 6 of 2019).

ADVISORY PANEL

Appointment of advisory panel

2. (1) The Advisory Panel contemplated in section 7(1) of the Act must consist of, at least, the following officials -
 - (a) official/s from government departments dealing directly with indigenous knowledge;
 - (b) indigenous knowledge practitioner/s considered to be either currently practicing or is/are retired in a specific discipline of practice;
 - (c) official/s from industries that use or have used indigenous knowledge and who have entered into benefit sharing agreements with the relevant communities; and
 - (d) specialist/s in a discipline of practice, working with indigenous knowledge issues and programmes.

PRACTITIONERS AND ASSESSORS

Accreditation of Assessors

3. (1) An application for accreditation in terms of section 14(1) of the Act, must be in the form of Form A in Annexure 1 to these Regulations.

- (2) The cancellation contemplated in section 14(4) of the Act must be subject to the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000).
- (3) The registered assessors must act in accordance with accreditation procedures in schedule 2, and failure to comply with the accreditation procedures constitutes unprofessional conduct.

RECOGNITION OF PRIOR LEARNING

4. (1) Any person who wishes to register their competencies under a designation as an indigenous Knowledge practitioner must apply to NIKSO, using Form B in Annexure 1 to these Regulations.
- (2) In assessing the eligibility of an applicant for recognition of competencies under a designation/in/discipline, the assessors must assess the application in terms of the following criteria:
 - (a) Scope of knowledge (understanding of the discipline);
 - (b) ethics and professionalism (expertise);
 - (c) accountability (responsibility);
 - (d) problem solving; and
 - (e) context.
- (4) The revocation contemplated in section 15(7) must be subject to the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000).
- (5) The certified indigenous knowledge practitioner in a designation must act in accordance with certification/recognition procedures in schedule 3, and failure to comply with the certification/recognition procedures constitutes unprofessional conduct.

Register of Designations

5. (1) The Register of Designations contemplated in Section 16(1)(a) of the Act must be kept within a system to be developed by NIKSO.

INDIGENOUS KNOWLEDGE

Registration of Indigenous Knowledge

6. (1) An application by a trustee of an indigenous community to the Curator for registration of indigenous knowledge, in terms of section 20(1) of the Act, must be in the form of Form C in Annexure 1 to these Regulations.

- (2) A certificate of registration of indigenous knowledge, in terms of section 20(3)(a) of the Act, must be in the form of Form D in Annexure 1 to these Regulations.

Register of indigenous knowledge

7. (1) A Register of Indigenous Knowledge, in terms of section 19(1)(a) of the Act, must be in the form of Form E in Annexure 1 to these Regulations.

Amendment of the Register

8. (1) An application to the Curator for the amendment of the Register of Indigenous Knowledge, in terms of section 24(1)(a) of the Act, must be in the form of Form F in Annexure 1 to these Regulations.
- (2) The Curator must, within 7 (seven) days of receipt of an application for amendment, request representation from the affected indigenous community to make representations in response to the application.
- (3) The indigenous community must, within 30 days of receipt of the request as contemplated in regulation 8(2), make representations, failing which the Curator must, subject to Regulation 8(4) make a determination without their representations.
- (4) The indigenous community may request an extension, from a curator, of the 30 days period granted in regulation 8(3), which the Curator may grant or refuse.
- (5) Any person who is aggrieved by the decision of the Curator may, within 60 days after notice of the decision, declare a dispute, and refer the matter for resolution in terms of section 27 of the Act.

Access to and use of indigenous knowledge

9. (1) An application for a license authorising the use of indigenous knowledge for commercial purposes in terms of section 26((1)(a), by any person who intends to use indigenous knowledge for commercial purposes, must be in the form of Form G in Annexure 1 to these Regulations.

DISPUTE RESOLUTION

Dispute Resolution Committee

10. (1) The terms and conditions for the appointment of the dispute resolution committee, contemplated in section 27(1) of the Act, are that the dispute resolution committee must consist of at least -
- (a) a person specialising in the field relating to the subject matter of the dispute;

- (b) a legal expert who has at least 10 years' experience, who shall be the chairperson; and
 - (c) An indigenous knowledge practitioner/s considered to be either currently practicing or is/are retired in a specific discipline of practice.
- (3) The dispute resolution committee must resolve the dispute within 60 days within which the matter was referred for resolution.

Offences and penalties

11. The fine contemplated in section 28 of the Act, shall be an amount not exceeding R400 000.00 in the case of an individual or 40% of the annual turnover in the case a juristic entity.

GENERAL PROVISIONS

Short title and commencement

12. These Regulations are called the "Regulations relating to the Protection, Promotion, Development and Management of Indigenous Knowledge and will come into operation on the date of promulgation in the *Government Gazette*.



science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA

Please direct all inputs to the following contact Person:

Shumi Pango

Deputy Director: Advocacy & Policy Development

Department of Science and Innovation

Cell: +2771 114 4653

Email address: Shumi.pango@dst.gov.za

FORM E**APPLICATION FOR REGISTRATION OF INDIGENOUS KNOWLEDGE**

Date of Application:	Y	Y	Y	Y	M	M	D	D
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APPLICATION REQUIREMENTS:

Submit a completed signed application form with the following documents:

- ✓ A Community Resolution on appointment as a Trustee (s) and acceptance of Trusteeship, and Letters of Authority by the Master
- ✓ Minutes of community meeting accompanied by a signed attendance register with Identity Document (ID) numbers of attendees
- ✓ Certified Identity Document of the Trustee (s) (not older than 3 months)

Please complete Part A and Part B of the Application Form

PART A

TRUSTEE'S DETAILS										
Surname:										
Full name(s) as per South African ID:										
Date of Birth:										
Identity Number:										
CONTACT DETAILS										
Physical address:										
Province:					Postal code					
Tel:			Fax No:			Cellular:				
e-mail address (if applicable):										
Postal address:										
Province:					Postal code					
Tel.			Fax No:			Cellular:				

Please indicate at which address you prefer to receive your correspondence:	Postal	Physical
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PART B

PARTICULARS OF COMMUNITY REGISTERING INDIGENOUS KNOWLEDGE
<p>Community known as:</p> <p>_____</p> <p style="text-align: center;"><i>[Name of Community]</i></p> <p>Represented by:</p> <p>_____</p> <p style="text-align: center;"><i>[Name of the trustee]</i></p>
INDIGENOUS KNOWLEDGE TYPE
<p><i>Please tick applicable checkbox in respect of Indigenous Knowledge Type to be registered.</i></p> <p><input type="checkbox"/> Indigenous Knowledge of a functional nature</p> <p><input type="checkbox"/> Indigenous Knowledge of natural resources</p> <p><input type="checkbox"/> Indigenous Cultural Expressions</p>
<p>Please provide a list of Indigenous Knowledge to be registered:</p>
ACCESS TO REGISTERED INDIGENOUS KNOWLEDGE
<p>Can registered IK information be shared with persons outside your community with its prior informed consent? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

FORM F
CERTIFICATE OF REGISTRATION OF INDIGENOUS KNOWLEDGE

Date of Registration:	Y	Y	Y	Y	M	M	D	D
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Registration number: _____

Community Particulars:


Indigenous Community known as:

_____ [Name of Community]

Represented by:

_____ [Name of the trustee]

Has registered the following indigenous knowledge in the Register of Indigenous Knowledge:



The Indigenous Knowledge complies with the registration criteria set out in section 11 of the Protection, Promotion, Development and Management of Indigenous Knowledge Act No 6 of 2019 (IK Act) and is registered and protected under the IK Act.

SIGNATURE OF CURATOR

DATE:	Y	Y	Y	Y	M	M	D	D
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FORM 10**APPLICATION FOR ACCREDITATION OF INDIGENOUS KNOWLEDGE ASSESSORS**

Date of Application: _____

Application Number: _____

APPLICATION REQUIREMENTS:**The criteria to apply for accreditation as an Assessor are as follow:**

- Submit a completed signed application form with the following documents:
 - ✓ A reference letter and recommendation from community leadership/ authority
 - ✓ A certified copy of your Identity document
 - ✓ A reference letter where the applicant received his/her training or peer testimonial of applicable designation
 - ✓ Portfolio of evidence of relevant teaching and/or practical experience as an assessor
 - ✓ Comprehensive CV of the applicant detailing his/her competency and other related information
 - ✓ Proof of registration with NIKSO against a Professional Designation.

Applications will be evaluated as per the criteria listed on page 3, to ensure that the applicant has obtained the relevant qualification and experience that makes the applicant an expert of the applicable competency of an IK discipline.

PART A**PERSONAL INFORMATION**

Surname and Full Names														
Date of Birth	Y	Y	Y	Y	M	M	D	D						
ID No														

CONTACT DETAILS:

Physical address:		
Postal Address		
Province:	Postal code	
Tel.	Fax No:	Cellular No:
Your e-mail address (if applicable):		
Please indicate at which address you prefer to receive your correspondence: (Please tick one box)		<input type="checkbox"/> Postal <input type="checkbox"/> Physical

PART B

Name(s), of Listed competency qualifications/designations categories for which Assessors' Accreditation is applied for:

NAME OF INDIGENOUS KNOWLEDGE CATEGORIES/COMPETENCY DESIGNATION
1.
2.
3.
4.

CRITERIA FOR ACCREDITING ASSESSORS

A person with expert knowledge in a particular field with a track record of a minimum of 15 years of practice in the field, AND have obtained a NIKSO Certificate of Competence Designation in a particular IK listed competency designations category.

IK Listed Competency Designation Category

Diviner	<input type="checkbox"/>	Herbalist	<input type="checkbox"/>	(Traditional Birth Attendant)	<input type="checkbox"/>	Traditional Surgeon	<input type="checkbox"/>	
Ukukhuliswa kwe zintombi		Mmamopatho (Bojale)		Mophato	Musevhetho		Murundu	
Principal	<input type="checkbox"/>	Principal	<input type="checkbox"/>	Principal	Principal	<input type="checkbox"/>	Principal	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Teacher	Teacher	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Nurse	Nurse	<input type="checkbox"/>	Nurse	<input type="checkbox"/>

INDIGENOUS KNOWLEDGE PRACTITIONER CERTIFICATE OF COMPETENCE DESIGNATION OBTAINED

DESIGNATION (S) TITLE	NIKSO CERTIFICATE OF COMPETENCY REGISTRATION NUMBER	YEAR OBTAINED							
		y	y	y	y	m	m	d	d
		y	y	y	y	m	m	d	d
		y	y	y	y	m	m	d	d
		y	y	y	y	m	m	d	d

RELEVANT EXPERIENCE IN THE FIELD

<p>How many years of experience do you have in the applicable field in teaching/training and practice? <i>(Please provide Portfolio of Evidence)</i></p>	
<p>Please describe your training and experience as an Assessor in terms of the core and functional competencies in the rows below:</p>	

CORE COMPETENCIES:**Scope of knowledge****Ethics and professionalism****Accountability****Problem solving****Context and systems****FUNCTIONAL COMPETENCIES:****Interpersonal Skills****Leadership & Management****Communication**

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Checklist: Please ensure that the following documents are submitted with your application. Please tick the appropriate box

***Copies should be certified within 6 months of the application date. Uncertified copies will not be accepted.**

Required Documents	Check Box
A certified copy of your Identity document	<input type="checkbox"/> YES <input type="checkbox"/> NO
A reference letter and recommendation from community leadership/ authority	<input type="checkbox"/> YES <input type="checkbox"/> NO
A reference letter where the candidate received his/her training or peer testimonial of applicable designation	<input type="checkbox"/> YES <input type="checkbox"/> NO
A Portfolio of Evidence of Competency obtained	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comprehensive CV of the applicant detailing his/her competency and other related information	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION

I, _____
Full first names and surname of the applicant)

Declare that the information supplied is true to the best to my knowledge.

 Signature of applicant

 Date

RECEIVED
OFFICIAL DATE STAMP

Dated this _____ day of _____ 20__



Signature of Applicant

FORM G**APPLICATION FOR AMENDMENT OF REGISTER OF INDIGENOUS KNOWLEDGE****PART A**

APPLICANT DETAILS															
Surname and Full Names:															
Date of Birth	Y		Y		Y		Y		M		M		D		D
Identity Number															
Residential Address or Business Address:															
Postal Address:															
Contact Number(s):															
Fax Number:															
Email Address:															

PART B....

INDIGENOUS KNOWLEDGE IN RESPECT OF WHICH AMENDMENTS HAVE TO BEEN MADE

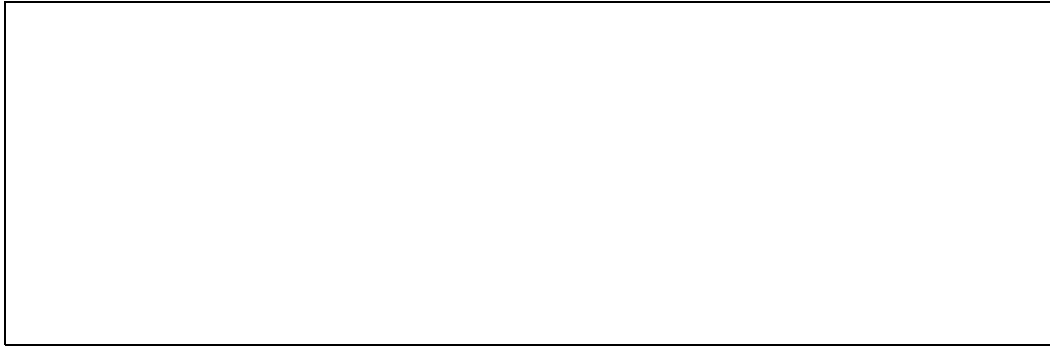
PART C**AMENDMENT IN RESPECT TO ANY ERROR OR OMISSION WHICH MAY HAVE ARISEN IN THE REGISTER OF INDIGENOUS KNOWLEDGE***(Please tick appropriate box with an "x")*

- Making of an entry incorrectly omitted in the Register of Indigenous Knowledge.
- Deletion of an entry incorrectly made in the Register of Indigenous Knowledge.
- Correcting any error or defect in the Register of Indigenous Knowledge.

PART D

Complete applicable parts:

REASONS FOR AMENDMENT IN RESPECT OF MAKING AN ENTRY INCORRECTLY OMITTED IN THE REGISTER OF INDIGENOUS KNOWLEDGE*(Please provide detailed reasons for the request)***REASONS FOR AMENDMENT IN RESPECT OF DELETION OF AN ENTRY INCORRECTLY MADE IN THE REGISTER OF INDIGENOUS KNOWLEDGE***(Please provide detailed reasons for the request)***REASONS FOR AMENDMENT IN RESPECT OF CORRECTING ANY ERROR OF DEFECT IN THE REGISTER OF INDIGENOUS KNOWLEDGE***(Please provide detailed reasons for the request)*



Signed at this day of20.....

.....
Signature of Applicant/ designated person

FORM 10 (b)**OBJECTION TO THE AMENDMENT OF ANY ERROR, WHICH MAY HAVE ARISEN
IN THE REGISTER****PART A**

APPLICANT DETAILS													
Surname and Full Names:													
Date of Birth	Y		Y		Y		Y	M		M	D	D	
Identity Number													
Residential Address or Business Address:													
Postal Address:													
Contact Number(s):													
Fax Number:							Email address						

DETAILS OF RESONSIBLE PARTY													
Surname and Full Names:													
Identity Number													
Business Address													
Contact Number													
Fax Number							Email Address						

PART B

REASONS FOR OBJECTION OF AMENDMENT IN RESPECT TO ANY ERROR, WHICH MAY HAVE ARISES IN THE REGISTER BY ACCIDENTAL SLIP OR OMISSION; AND or REASONS FOR OBJECTION DELETION IN RESPECT TO NAME, ADDRESS OR OTHER PARTICULARS.

(Please provide detailed reasons for the request)

Signed at this day of20.....

.....
Signature of Applicant

FORM 11

**APPLICATION FOR CERTIFICATION AND REGISTRATION OF INDIGENOUS
KNOWLEDGE PRACTITIONERS**

Date of Application: _____

APPLICATION REQUIREMENTS:

The criteria to apply for accreditation as an Assessor are as follow:

- Submit a completed signed application form with the following documents:
 - ✓ A reference letter and recommendation from community leadership/ authority
 - ✓ A certified copy of your Identity document
 - ✓ A reference letter where the applicant received his/her training or peer testimonial of applicable designation
 - ✓ A Portfolio of Evidence of Competency obtained
 - ✓ Comprehensive CV of the applicant detailing his/her competency and other related information

PART A

PERSONAL INFORMATION

Surname and Full Name(s)															
Date of Birth	Y		Y		Y		Y		M		M		D		D
ID No															

CONTACT DETAILS:

Physical address:		
Postal Address:		
Province:	Postal code	
Tel.	Fax No:	Cellular No:
E-mail address (if applicable):		
Please indicate at which address you prefer to receive your correspondence and account. Please tick one box.	<input type="checkbox"/> Postal	<input type="checkbox"/> Physical

PART B**PROFESSIONAL DESIGNATION FOR COMPETENCY CERTIFICATION (Mark your choice (s) with an (X))**

Diviner	<input type="checkbox"/>	Herbalist	<input type="checkbox"/>	(Traditional Birth Attendant)	<input type="checkbox"/>	Traditional Surgeon	<input type="checkbox"/>	
Ukukhuliswa kwe zintombi		Mmamopatho (Bojale)		Mophato	Musevhetho		Murundu	
Principal	<input type="checkbox"/>	Principal	<input type="checkbox"/>	Principal	Principal	<input type="checkbox"/>	Principal	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Teacher	Teacher	<input type="checkbox"/>	Teacher	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Nurse	Nurse	<input type="checkbox"/>	Nurse	<input type="checkbox"/>

CONTACT DETAILS OF GHOBELA/MENTOR/TRAINER:

Title, Initials and Surname:			
Name and postal address:			
Tel. No:		Cellular no:	
E-mail address:			
Field(s) of practice:			

APPLICANT'S EXPERIENCE

Number of years in practice and place of practice:		Place of Practice:
Are you affiliated to any Health Practitioner Organisation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <u>YES</u> , please provide the details of the organization:

COMPETENCIES

Please tell us how you have demonstrated the following competencies, using specific examples drawn from your work or training experiences.

Competency process (Explain the journey to the work practice or training (how it started, initiation up to completion).)

Scope of Knowledge (Explain your understanding of the Practice)

Accountability (independent, sound judgement, confidentiality, manage difficult situations)

Problem Solving (recognizing limitations, recommend solutions)

Ethics & Professionalism (adhering to ethics and professionalism in your work area of practice)

Context and Systems (understanding of the legislative, cultural context and the systems you use in your practice)

Interpersonal Skills (<i>Integrity & Trust Perceptive, Tenacious, Compassionate and Counselling</i>)
Leadership and management skill (<i>ability to lead people and manage processes</i>)
Communication skills (<i>Ability to active, reasoning, listening, helpful challenge, influence, engaging</i>)

Checklist: Please ensure that the following documents are submitted with your application. Please tick the appropriate box

***Copies should be certified within 6 months of the application date. Uncertified copies will not be accepted.**

Required Documents	Check Box
A certified copy of your Identity document	<input type="checkbox"/> YES <input type="checkbox"/> NO
A reference letter and recommendation from community leadership/ authority	<input type="checkbox"/> YES <input type="checkbox"/> NO
A reference letter where the candidate received his/her training or peer testimonial of applicable designation	<input type="checkbox"/> YES <input type="checkbox"/> NO
A Portfolio of Evidence of Competency obtained	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comprehensive CV of the applicant detailing his/her competency and other related information	<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature of applicant

Date

Dated this _____ day of _____ 20__

RECEIVED
OFFICIAL DATE STAMP
NIKSO

SCHEDULE 2

Accreditation Application Process:

1. Applicant complete application and submit to NIKSO with required documentation.
2. If applicant is not new: submit re-application with required documents
3. NIKSO receives application and conduct basic applicant verification and referee check
4. NIKSO prepares application for interview assessment
5. NIKSO appoints Assessment Committee for Accreditation of Assessors
6. Committee verifies the credentials of the applicant
7. Committee verifies the competencies of the applicant
8. Committee calls applicant for interview assessment
9. Committee makes accreditation recommendation of approval/non-approval to NIKSO
10. NIKSO accepts the recommendation and communicate outcome to applicant
11. NIKSO issue applicant with Assessor Accreditation Certificate

In the event where an applicant has not passed the Accreditation of Assessors assessment, the Committee shall make the recommendation to NIKSO and provide reasons for non-accreditation

NIKSO communicates outcome of assessment to applicant.

Applicant follows procedures for appeal or re-assessment.

Certification Application Process:

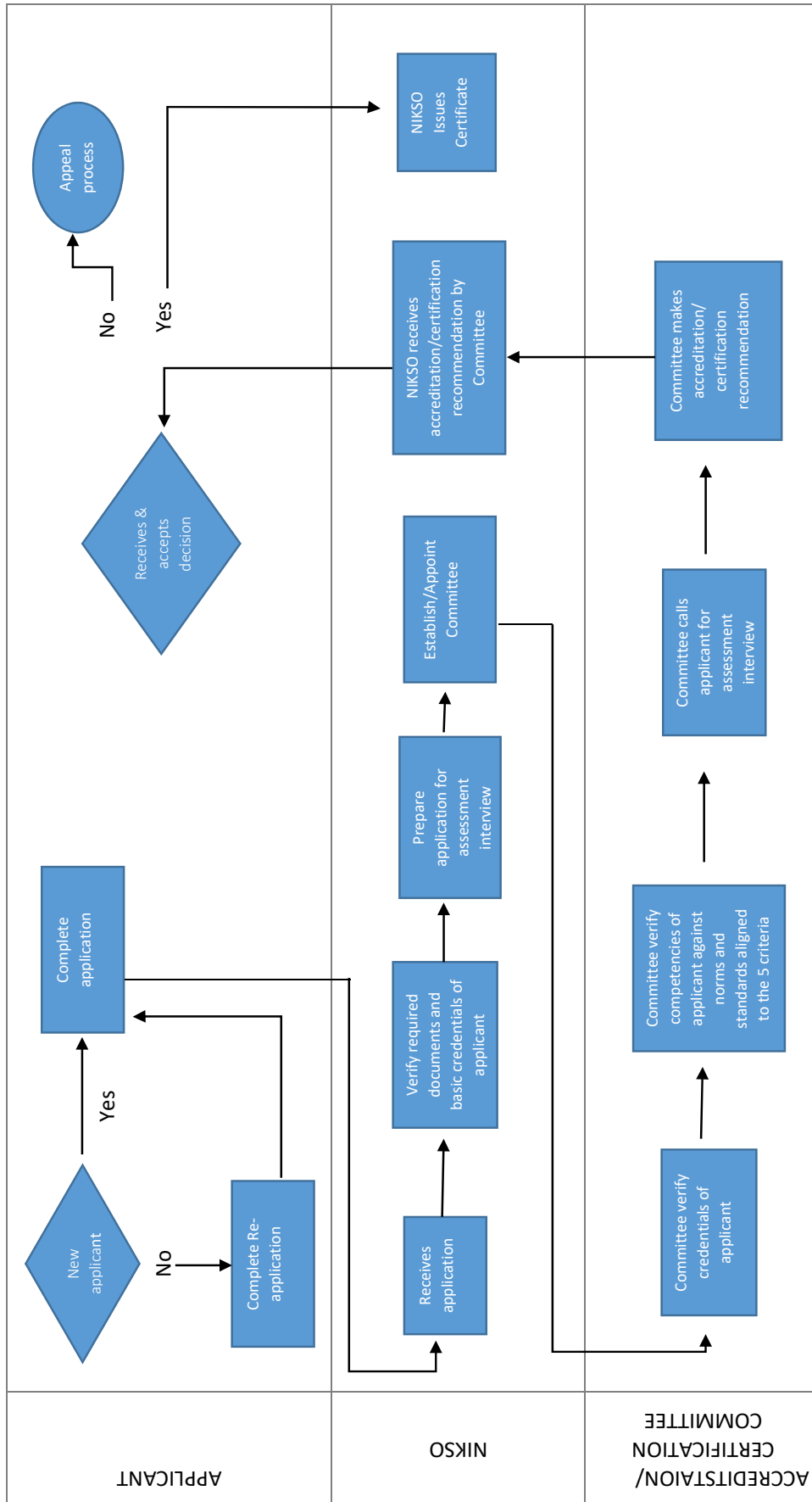
1. Applicant complete application and submit to NIKSO with required documentation.
2. If applicant is not new: submit re-application with required documents
3. NIKSO receives application and conduct basic applicant verification and referee check
4. NIKSO prepares application for interview assessment
5. NIKSO appoints Assessment Committee for Certification of applicant
6. Committee verifies the credentials of the applicant
7. Committee verifies the competencies of the applicant
8. Committee calls applicant for interview assessment
9. Committee makes certification/recognition recommendation of approval/non-approval to NIKSO
10. NIKSO accepts the recommendation and communicate outcome to applicant
11. NIKSO issue applicant with Certificate of Competency

In the event where an applicant have not passed the Certification/recognition assessment, the Committee shall make such recommendation to NIKSO and provide reasons for non-certification.

NIKSO communicates outcome of assessment to applicant.

Applicant follows procedures for appeal or re-assessment.

GENERIC PROCEDURES FOR APPLICATION



Certificate No:



Department: Science and Innovation

REPUBLIC OF SOUTH AFRICA

NIKSO Accreditation Certificate

Issued in accordance with section 14(2)(b) of the Protection, Promotion, Development and Management of Indigenous Knowledge Act, 2019 (Act No. 6 of 2019) ("Act")

This is to certify that

ID NO:

Having successfully completed the prescribed assessment procedures and requirements, has been recognised and accredited as an assessor in terms of the Act.

NIKSO
Pretoria
Date:



Certificate No:



Department: Science and Innovation

REPUBLIC OF SOUTH AFRICA

NIKSO Certificate of Competency

Issued in accordance with section 15 (5) (a) of the Protection, Promotion, Development and Management of Indigenous Knowledge Act No. 6 of 2019 ("the Act")

This is to certify that

ID NO:

is duly qualified and authorised to practise as an Indigenous Knowledge Practitioner and to be recorded in the Register of Designations in terms of the Act.

NIKSO
Pretoria
Date:

