

Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Regulation Gazette

No. 9256

Regulasiekoerant

Vol. 538

Pretoria, 1 April 2010

No. 33076

PART 2 OF 2

ANNEXURE A

THE CHILDREN'S ACT 38 OF 2005

**CONSOLIDATED FORMS
IN TERMS OF THE REGULATIONS UNDER
THE CHILDREN'S ACT, 2005**

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

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

[Child to be aged 16 years or older]

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

* Proof of age to be attached

Particulars of person administering virginity test

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

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

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

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

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

- The nature of the virginity test and method to be followed
- Any risks associated with a virginity test
- The social implications of virginity test
- Any other implications or possible consequences of a virginity test
- The confidential nature of the results of a virginity test,
- The voluntary nature of the test

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

 Signature of person performing the virginity test

Date:

Place:

 PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 1

Part 3. Consent by child

I, (insert child's name)

- understand that a virginity test is going to be performed on me, and that I am voluntarily undergoing this test
- understand the risks and possible consequences of a virginity test that have been explained to me
- confirm that I have been given an opportunity to ask questions about a virginity test and the results of such a test
- consent to a virginity test but understand that I may at any time before the procedure withdraw my consent

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

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

Signature of child

Date _____

Place _____

Signature of witness

Date _____

Place _____

FORM 2

CONSENT TO SOCIAL OR CULTURAL CIRCUMCISION
(Regulation 5)
[SECTION 12(9) OF THE CHILDREN'S ACT 38 OF 2005]

PART A: PARTICULARS OF CHILD

Full name of child	
Date of birth /ID number	
Residential address of child	
Telephone contact details	
Cell phone number	

PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION

Name	
Address of practice	
ID number	
HPCSA registration number (in the case of a medical practitioner)	
Telephone contact details	Phone : Fax : E-mail :
Cell phone number	
Medical diagnosis requiring circumcision	
Date of circumcision	

- I confirm that I have received sufficient proof that the child is 16 years or older.
- I confirm that appropriate conservative treatment has been used and a circumcision is medically Necessary (if administered by a medical practitioner).
- I confirm that appropriate anesthesia will be used (if administered by a medical practitioner).
- I have explained to the child the following:

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

I have given the child an opportunity to ask questions.

Signature of person administering circumcision/medical practitioner

Date:

PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 2

PART C: CONSENT BY CHILD

I, _____ (insert name)

- understand that a circumcision is going to be performed on me, and that I am voluntarily undergoing this surgical procedure.
- understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me.
- confirm that I have been given an opportunity to ask questions.
- consent to a circumcision but understand that I may at any time before the procedure withdraw my consent.
- confirm that I have been given the opportunity to refuse the circumcision in terms of section 12(10) of the Act.

Signature of child

Date:

Signature of witness

Date:

PART D: ASSISTANCE BY PARENT OR GUARDIAN

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

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

I confirm that the child has been given the opportunity to refuse the circumcision in terms of Section 12(10) of the Act.

Parent / guardian

Date:

FORM 3
CONSENT TO RELIGIOUS CIRCUMCISION
(Regulation 6)
[SECTION 12(8) OF THE CHILDREN'S ACT 38 OF 2005]

PART A: PARTICULARS OF CHILD

Full name of child	
Date of birth/ID number	
Residential address of child	
Postal address	
Telephone Contact details	Phone: Fax: E-mail:
Cell phone number	
Age of child	

PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION

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

I have explained to the person consenting the following:

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

I have given the person giving consent an opportunity to ask questions.
I confirm that appropriate anesthesia will be used

Signature of * medical practitioner / person administering the circumcision

Date:

PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 3

PART C: CONSENT BY PARENTS OR GUARDIAN WHERE CHILD IS UNDER THE AGE OF 16

We/I, _____

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

Parent / guardian
Date:

Signature of witness
Date:

FORM 4

GENERAL REQUIREMENTS REGARDING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT
(Regulation 7)

[SECTION 22 OF THE CHILDREN'S ACT 38 OF 2005]

**Part A: Particulars of mother of child/children or other holders of parental responsibilities and rights/
Particulars of father or person(s) upon whom parental responsibilities and rights are being conferred***Mother or Holder 1.*

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

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

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

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

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

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

Second Child

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

Third Child

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

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

Part C: Supporting Documentation

Please find the following supporting documentation attached:

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

Part D: Agreement

I _____ (being the mother of/person having parental responsibilities and rights in respect of _____ (insert child or children's names) _____ hereby agree to confer those parental responsibilities and rights as set out in the attached documents upon _____ (insert name of father/other person having an interest in the care, well-being and development of the child).

Details of parental responsibilities and rights conferred (optional)

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

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

Place:

Date:

We,.....
.....
(initials and surnames)

hereby apply for registration of the attached parental responsibilities and rights agreement at the Office of the Family Advocate to be made an order of the honorable court.

Signed (Mother/other person)

Signed (Father/other person)

Date

Particulars of Family advocate (where applicable)

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

FORM 5

STATEMENT OF FAMILY ADVOCATE CONCERNING PARENTAL RESPONSIBILITIES AND RIGHTS AGREEMENT

(Regulation 7)

[SECTION 22(5) OF THE CHILDREN'S ACT 38 OF 2005]

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

.....

and

.....

(insert names of parties)

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

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

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

Signed

Date

Particulars of Family advocate

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

FORM 6
STATEMENT OF OUTCOME OF MEDIATION
(Regulation 8)
[SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]

File No:

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

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

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

2. (insert name gender and date of birth)

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

Was resolved -----

----- (give details)

Remains unresolved-----

----- (give details)

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

3.1 Details of family advocate (where applicable)

Official stamp

Name of Family Advocate

Signature of Family advocate

Place

Date

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

- Social worker registered as such at the Social Work Council (give practice number).....
- Psychologist registered to practice at the Medical and Dental Council (give practice number).....

- Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*

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

*Annex supporting documentation where necessary

Full name

Signature

Date

FORM 7
CONFIRMATION OF NON-ATTENDANCE OF MEDIATION
(Regulation 8
[SECTION 21(3) OF THE CHILDREN'S ACT 38 OF 2005]

File No:

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

.....

(Applicant)

and

.....

(Respondent)

concerning the minor children:

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

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

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

Details of Family Advocate (where applicable)

Official stamp

_____ Name of Family Advocate _____ Signature of Family advocate _____ Place _____ Date
--

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

- Social worker registered as such at the Council for Social Services Professions (give practice number).....
- Psychologist registered to practice at the Medical and Dental Council (give practice number).....

- Other suitably qualified person (details of reasons why suitably qualified to be furnished in the space below)*

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

*Annex supporting documentation where necessary

Full name

Signature

Date

FORM 8
APPLICATION FOR REGISTRATION OF A PARENTING PLAN OR FOR PARENTING PLAN TO BE MADE AN ORDER
OF COURT
(Regulation 9)
[SECTION 34(2) OF THE CHILDREN'S ACT 38 OF 2005]

Part A: Particulars of holders of parental responsibilities and rights to whom the attached parenting plan applies

Holder 1.

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

Holder 2.

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

Holder 3.

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

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

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

First Child

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

Second Child

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

Third Child

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

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

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

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

Place:

Date:

We,.....

.....
 (initials and surnames)

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

 Signed:

 Signed:

Date

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

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

Attached to this application is:

Form 9

Form 10

(Tick whichever is applicable)

Signature of applicant

Signature of applicant

Date

FORM 10
STATEMENT OF SOCIAL WORKER OR OTHER SUITABLY QUALIFIED PERSON THAT PARENTING PLAN WAS
PREPARED AFTER MEDIATION
(Regulation 10)
[SECTION 34(3) OF THE CHILDREN'S ACT 38 OF 2005]

I(Name and surname)

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

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

*Annex supporting documentation where necessary

hereby confirm that the parenting plan referred to in **Form 8** between
and

.....
(insert names of parties)

was prepared after mediation by myself and complies with the best interests of the
child/children.....
..... (insert names of children)

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

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

Telephone contact details:

Signed

Address:

Organisation:

Date

Signature of Parties:

1.....

2.....

FORM 11
APPLICATION FOR THE REGISTRATION / CONDITIONAL REGISTRATION /
RENEWAL OF REGISTRATION / REINSTATEMENT OF A PARTIAL CARE FACILITY
(* DELETE WHICH IS NOT APPLICABLE)
(Regulation 14)
[SECTION 81 OF THE CHILDREN'S ACT 38 OF 2005]

(A) **NATURE OF APPLICATION**

This is an application in respect of:

- A crèche, providing partial care for children from birth to an age of 3 years
- An educare centre, providing partial care for children from 3 years until school going age
- An after school centre, providing partial care for children attending a primary or secondary school
- A private hostel, providing partial care for children attending a primary or secondary school
- A temporary respite care facility, providing temporary full-time partial care during the temporary absence of their parents or a parent or care-giver of a child
- A place of care providing partial care for children with disabilities who require a high level of support

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

(B) **PARTICULARS OF APPLICATION**

Name of partial care facility: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

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

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

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

(C) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

- An exposition of the prescribed or other skills with supporting documents of the applicant or manager of the partial care facility including a copy of any qualification which would enhance partial care of children;
- A report by a social service professional on the viability of the application as prescribed by section 81(1)(c) of the Act;
- a business plan containing the information prescribed by regulation 14(4)(a);
- the constitution containing the information prescribed by regulation 14(4)(b);
- an original copy of the approved plans or a copy of the plans that has been submitted for approval if the application for the approval of the plans is still under consideration
- the emergency plan; and
- clearance certificates that the name of the applicant and the names of all staff members do not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 and in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act;

(D)

GENERAL REMARKS

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 12

**CERTIFICATE OF REGISTRATION / CONDITIONAL REGISTRATION / RENEWAL OF REGISTRATION /
REINSTATEMENT OF A PARTIAL CARE FACILITY
(* DELETE WHICH IS NOT APPLICABLE)
(Regulation 15)
[SECTION 82 OF THE CHILDREN'S ACT 38 OF 2005]**

It is hereby certified that:

- the following partial care facility has been registered in terms of section 82 of the Act
- the following partial care facility has been conditionally registered in terms of section 83 of the Act;
- the registration of the following partial care facility has been renewed in terms of section 82 of the Act
- the registration of the following partial care facility has been conditionally renewed in terms of section 83 of the Act
- the reinstatement of the following partial care facility has been approved in terms of section 84

on _____ (insert date).

Name of partial care facility: _____

Physical address of partial care facility:

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

The partial care facility is registered subject to the following conditions indicating the maximum number of children that may be accommodated:

Indicate registration (Yes or No)	Type of partial care facility	Maximum number of children that may be accommodated
	Crèche	
	Educare centre	
	After school centre	
	Private boarding hostel	
	Temporary respite care facility	
	Place of care providing partial care for children with disabilities requiring a high level of support	

PLEASE SEE REVERSE SIDE

REVERSE SIDE OF FORM 12

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

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

FORM 13

**REFUSAL TO GRANT AN APPLICATION FOR THE REGISTRATION OF A PARTIAL CARE FACILITY
(Regulation 15)
[SECTION 82 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of applicant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

MUNICIPAL MANAGER

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 14

**AN APPEAL AGAINST A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 86 OF THE ACT IN RESPECT OF A PARTIAL CARE FACILITY
(Regulation 16)
[SECTION 86 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

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

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

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

My reasons for appealing against the decision are attached.

APPLICANT/REGISTRATION HOLDER_____
DATE

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

FORM 15

**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 88(6) OF THE ACT IN
RESPECT OF A PARTIAL CARE FACILITY
(Regulation 16)
[SECTION 88 OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Name of partial care facility: _____

Physical address of partial care facility: _____

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

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

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

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER

DATE

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

FORM 16
APPLICATION FOR THE REGISTRATION/ CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION OF AN
EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 24)
[SECTION 96 OF THE CHILDREN'S ACT 38 OF 2005]

(A) **PARTICULARS OF APPLICANT**

Name of applicant: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Telephone: _____ Cell phone: _____

Fax number: _____ E-mail: _____

(B) **CHILDREN**

Number of children to whom the programme will be presented:-----

Age Groups	Number of Children	Gender	Number of children with special needs	Number of staff per child age group
1 month – 18 months				
18 months – 3 years				
3 – 4 years				
5 – 6 years				
Total				

Days of operation: From.....To.....

Hours Operation: From.....To.....

(C) **SUPPORTING DOCUMENTS**

The following supporting documents must be attached for the registration purposes:

- the overview of the early childhood development programme in respect of which application is made for registration;
- an implementation plan for the early childhood development programme in respect of which application is made;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualifications and Identity documents in respect of staff that will be responsible to provide the early childhood development programme;

Name of the Practitioner	Position	ID Number	Gender	Qualifications/Other Certificates	Date of appointment/ Experience

FORM 17
CERTIFICATE OF REGISTRATION
OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 25)
[SECTION 97 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that an early childhood development programme :

- has been registered in terms of section 97 of the Act;
- has been conditionally registered in terms of section 97 of the Act; or
- has been renewed in terms of section 97 of the Act.

on _____ (insert date) in favour of _____.

The total Number of children to whom the programme will be presented-----

Number of children with special needs-----

Age Groups	Number of Children
1 month – 18 months	
18 months – 3 years	
3 – 4 years	
5 – 6 years	
Total	

Days of operation: From..... To.....

Hours Operation: From.....To.....

Physical address of partial care facility/ child and youth care centre or an organization that implement the early childhood development programme:

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

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

Provincial Head: Social Development/ _____

Municipal Manager

Province/Municipality: _____

Date of issue: _____

FORM 18
REJECTION OF AN APPLICATION FOR THE REGISTRATION OF AN EARLY CHILDHOOD DEVELOPMENT
PROGRAMME
(Regulation 25)
[SECTION 97 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

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

Physical address: _____

Date of application: _____

The application has been refused for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL MANAGER
PROVINCE/ MUNICIPALITY: _____
DATE: _____

FORM 19
AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 101 OF THE ACT
IN RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 26)
[SECTION 101 OF THE CHILDREN'S ACT 38 OF 2005]

Name of appellant: _____

Physical address of appellant: _____

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

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

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

 APPLICANT / REGISTRATION HOLDER

 DATE

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

FORM 20

**AN APPEAL AGAINST A DECISION OF A MUNICIPAL OFFICIAL IN TERMS OF SECTION 102(6) OF THE ACT IN
RESPECT OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 26)
[SECTION 102(6) OF THE CHILDREN'S ACT 38 OF 2005]**

Name of appellant: _____

Physical address of appellant _____

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

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

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

My reasons for appealing against the decision are attached.

APPLICANT / REGISTRATION HOLDER_____
DATE**NOTE: The appeal must be lodged with the municipal council of the municipality where the decision was taken.**

FORM 21
ASSESSMENT OF EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 28)
[SECTION 103 OF THE CHILDREN'S ACT 38 OF 2005]

Name of Department of Social Development official:

Date of visit:

(A)

EARLY CHILDHOOD
DEVELOPMENT
PROGRAMME

Name of ECD Programme:

Date opened:

Postal Address:

Physical Address:

Telephone number (if available):

Hours of opening:

(B)

STAFF

Supervisor:

ECD Qualifications:

Other relevant qualifications:

Number of other practitioners:

ECD Qualifications of practitioners:

Other relevant qualifications:

Number of other staff:

(C) **CHILDREN**

Number of children registered: _____

Number of children present on day of review: _____

Age	Girls	Disabled	Boys	Disabled	Total
0 – 18 months					
18 months to 3 years					
3 – 4 years					
5 – 6 years					
TOTAL					

(D) **MANAGEMENT**

Admission / Registration forms available: Yes/No

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

Are there job descriptions for all staff? Yes/No

Is there a Staff Development Plan? Yes/No

Admission policy Yes/No

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

Admission policy of children with disabilities Yes/No

Other policies: Specify _____

Outings procedure: _____

Complaints procedure: _____

Emergency plan: _____

First Aid kit: _____

Attendance Register: _____

Accident register: _____

Abuse register: _____

(E) **Active learning****Daily programme**

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Toys

Enough for number of children:

Clean and safe:

Developmentally appropriate:

Comments:

Equipment

Acceptable/Not acceptable

Acceptable with a few adaptations:

Comments:

Children's work displayed?

Yes/No

Appropriate books available?

Yes/No

Creative materials available?

Yes/No

Puzzles available?

Yes/No

(F) **OBSERVATION BY REVIEWER****Practitioner – child interactions**

Detail:

Child – child interactions

Detail:

Discipline

Detail:

Provision of variety of play materials

Detail:

Any other relevant observations

Detail:

(G) **SUPPORT**

Changes agreed with practitioners

1. Give details of the change agreed:

By when:

Support from DoSD:

2. Give details of the change agreed:

By when:

Support from DoSD:

3. Give details of the change agreed:

By when:

Support from DoSD:

SIGNED:

Quality Assurance Reviewer (name and date):

Supervisor/Practitioner (name and date):

FORM 22
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD
(Regulation 33)
[SECTION 110 OF THE CHILDREN'S ACT 38 OF 2005]

**REPORTING OF ABUSE TO PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT,
DESIGNATED CHILD PROTECTION ORGANISATION OR POLICE OFFICIAL**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

.....

.....

.....

.....

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that a child has been abused in a manner causing physical injury/ sexually abused/ deliberately neglected or is in need of care and protection.

Source of report (do not identify person)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:	DD	MM	CCYY

1. CHILD: (COMPLETE PER CHILD)			
Surname		Full name(s)	
Gender:	M	F	Date of Birth:
School Name:			DD
			MM
			CCYY
	Grade:		Age / Estimated Age:
* ID no:	* Passport no:		
Contact no:			

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No Number :

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

4. ALLEGED ABUSER							
4.1) Surname				Full Name(s)			
Date of Birth:	DD	MM	CCYY	Gender:	M	F	
ID No:				Age:			
* Passport No:				* Drivers license:			
Also known as:				Relationship to child:			
Street Address (include postal code):				<input type="checkbox"/> Father			<input type="checkbox"/> Mother
				<input type="checkbox"/> Grand father			<input type="checkbox"/> Grand mother
				<input type="checkbox"/> Step father			<input type="checkbox"/> Step mother
				<input type="checkbox"/> Foster father			<input type="checkbox"/> Foster mother
				<input type="checkbox"/> Uncle			<input type="checkbox"/> Aunt
				<input type="checkbox"/> Sibling			<input type="checkbox"/> Caregiver
				<input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer			
				<input type="checkbox"/> Other (specify)			
Postal Code:							
4.2) WHEREABOUTS OF ALLEGED PERPETRATOR:							
<input type="checkbox"/> Section 153 (Request for removal by SAPS)							
<input type="checkbox"/> Still in home							
<input type="checkbox"/> In hospital (Name/Place.....)							
<input type="checkbox"/> In detention (Place.....)							
<input type="checkbox"/> Living somewhere else							
<input type="checkbox"/> Whereabouts unknown							
<input type="checkbox"/> Un-identified							

5. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Surname: Mother / Step-mother				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Also known as:				Names and ages of siblings or other children if helpful for tracking		
Street Address (include postal code):					Postal Code:	

(*) = Complete if available or applicable

SURNAME OF CHILD:											
FULL NAMES OF CHILD:											
6. ABUSE											
Date of Incident:			Date unknown:			Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY				DD	MM	CCYY	DD	MM	CCYY
Place of incident:											
<input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care											
6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)											
Physical			Emotional			Sexual			Deliberate neglect		
6.2) INDICATORS (Check any that apply)											
PHYSICAL:											
<input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries <input type="checkbox"/> No visible injuries (elaborate) <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> Other Behavioural or physical (specify)											
EMOTIONAL:											
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behaviour <input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection <input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence <input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism <input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression <input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)											
SEXUAL:											
<input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy <input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation <input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)											
DELIBERATE NEGLECT:											
<input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational <input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment											
6.3) Indicate overall degree of Risk to child:											
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown											
6.4) When applicable, tick the secondary type of abuse Multiple Abuse:											
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Sexual			Physical			Emotional			Deliberate Neglect		
Brief explanation of occurrence(s) (including a statement describing frequency and duration)											

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

7. MEDICAL INTERVENTION (*)		
Treated outside hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
Where (name of Hospital)	Contact person	Telephone Number

8. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	
		MM	DD CCYY

9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)				
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date		
		DD	MM	CCYY
CASE NR	Police Station	Telephone Nr		
Name of Police Officer		Rank of Police Officer		

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

11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)		
Name of informant	Employer	
Employer Address	Work Telephone Nr	Fax Number
Email Address		

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

CAPACITY Section 110 (1)	Caregiver	Correctional Official	Child and Youth Care Centre	Dentist	Doctor	Drop in Centre
	Homeopath	Labour Inspector	Legal Practitioner	Midwife	Member of staff – partial care facility	Medical Practitioner
	Minister of Religion	Nurse	Occupational Therapist	Psycho- logist	Police Official	Physio- therapist
	Religious leader		Social service professional		Social worker	
	Speech therapist		Shelter		Traditional leader	
	Teacher		Traditional health practitioner		Volunteer Worker – partial care facility	
	Other (specify)					

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

Signature of person reporting alleged abuse: _____

Date: _____

Official Stamp of Department / child protection organisation

FORM 23
REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD TO DIRECTOR-GENERAL
(Regulation 33)
[SECTION 110(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO DIRECTOR-GENERAL

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Director-General

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

Source of report (do not identify person)			
<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent	<input type="checkbox"/> Neighbour/friend
<input type="checkbox"/> Professional (specify)			
<input type="checkbox"/> Other (specify)			
Date Reported to child protection organisation:		DD	MM
		CCYY	

1. CHILD: (COMPLETE PER CHILD)						
Surname			Full name(s)			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
School Name:			Grade:		Age / Estimated Age:	
* ID no:			* Passport no:			
Contact no:						

2. DISABILITY (*)			
Disability:	Nature		
<input type="checkbox"/> Yes	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> No	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Psychiatric
	<input type="checkbox"/> Mental disability:	<input type="checkbox"/> Developmental	
	<input type="checkbox"/> Other		

3. CHRONIC ILLNESS (*)				
Chronic illness:	Nature			
<input type="checkbox"/> Yes	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cancer	<input type="checkbox"/> Liver	<input type="checkbox"/> HIV/ Aids
<input type="checkbox"/> No	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Tuberculoses	<input type="checkbox"/> Cardiac disease	
	<input type="checkbox"/> Other			

4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION		
<input type="checkbox"/> Street child	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction

5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number :

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

6. ALLEGED ABUSER						
6.1) Surname			Full Name(s)			
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID No:	Age:					
* Passport No:	* Drivers license:					
Also known as:	Relationship to child:					
Street Address (include postal code):	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grand father <input type="checkbox"/> Grand mother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Foster mother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer <input type="checkbox"/> Other (specify)					
	Postal Code:					
6.2) WHEREABOUTS OF ALLEGED ABUSER:						
<input type="checkbox"/> Section 153 (Request for removal by SAPS) <input type="checkbox"/> Still in home <input type="checkbox"/> In hospital (Name/Place.....) <input type="checkbox"/> In detention (Place.....) <input type="checkbox"/> Living somewhere else <input type="checkbox"/> Whereabouts unknown <input type="checkbox"/> Unidentified						

6.3 ABUSE HAS BEEN CONFIRMED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	DD	MM	CCYY
Type: <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Deliberate Neglect				

7. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Surname: Mother / Step-mother				Full name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID no:				Age:		
Also known as:				Names and ages of siblings or other children if helpful for tracking		
Street Address (include postal code):					Postal Code:	

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

8. ABUSE											
Date of Incident:			Date unknown:			Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY				DD	MM	CCYY	DD	MM	CCYY
Place of incident: <input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care											
8.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)											
Physical			Emotional			Sexual			Deliberate neglect		
8.2) INDICATORS (Check any that apply)											
PHYSICAL: <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries <input type="checkbox"/> No visible injuries <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> Other Behavioural or physical (specify) (elaborate)											
EMOTIONAL: <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behaviour <input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection <input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence <input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism <input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression <input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)											
SEXUAL: <input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy <input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation <input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital											

<input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)			
<i>DELIBERATE NEGLECT:</i> <input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational			
<input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment			
8.3) Indicate overall degree of Risk to child: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown			
8.4) When applicable, tick the secondary type of abuse Multiple Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual	Physical	Emotional	Deliberate Neglect
Brief explanation of occurrence(s) (including a statement describing frequency and duration)			

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

9. MEDICAL INTERVENTION (*)		
Treated outside hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
Where (name of Hospital)	Contact person	Telephone Number

10. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No		Date MM DD CCYY	
Children's Court Opening: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Court		Reference Number	
		Date DD MM CCYY	
Movement of children placed in alternative care: - Child absconding from Alternative Care (Section 170) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date DD MM CCYY		Where to (place)	
-Removal of child already in alternative care (Section 173): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date DD MM CCYY		Where to (place)	
- Provisional transfer from alternative Care (Section 174) : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date DD MM CCYY		Where to (place)	

Other (specify):

11. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)					
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
		DD	MM	CCYY	
CASE NR	Police Station		Telephone Nr		
Name of Police Officer		Rank of Police Officer			
11.1) 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		11.2) Offender 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:			
		DD	MM	CCYY	

(*) = Complete if information is available or applicable

12. TYPE OF FACILITY (If child is placed as a preventative measure or statutory placed – SECTION 191(2))	
Name:	Street address (include postal code):
	Postal code:
Type: <input type="checkbox"/> Reception and temporary safe care <input type="checkbox"/> Reception, and care of street children <input type="checkbox"/> Reception, development and secure care <input type="checkbox"/> Reception, care and development of children on a shared basis	

13. CURRENT FUNCTIONING OF THE FAMILY:							
CAUSATIVE FACTORS	Complete if not known to a welfare organisation: Current Situation		If known to organisation/ department				
	Yes	No	Deterioration (To be completed on subsequent assessment)		Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent assessment)
13.1) Parents			Slight	Significant	Slight	Significant	
<input type="checkbox"/> Heavy child care responsibilities							
<input type="checkbox"/> lack of support system							
<input type="checkbox"/> marital difficulties							
<input type="checkbox"/> lack of knowledge of child care / development							
<input type="checkbox"/> physical violence/ corporal punishment acceptable							
<input type="checkbox"/> different cultural/ sub-cultural/ religious norms							
<input type="checkbox"/> alcohol/drug abuse							
<input type="checkbox"/> physical illness							
<input type="checkbox"/> mental illness							

13.7) Recommendation			
Investigation conducted by: (Name of Organisation):			Date
			DD MM CCYY
Reporting person:			
Caseworker(s) (please print):			Signature:

14. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT (If other than above)			
Surname		First Name(s)	
Gender	M	F	Age:
Also known as:		Relationship to child:	Street Address (include postal code)
			Postal code:

15. INVESTIGATING DESIGNATED SOCIAL WORKER			
Name of Social Worker		Employer	
Employer Address		Work Telephone Number	Fax Number
Email Address		Reference Number	

(*) = Complete if information is available, applicable or information has changed

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

Signature of investigating designated social worker: _____

Date: _____

Official Stamp of Provincial Department / child protection organisation

FORM 24
REQUEST FOR REMOVAL OF ALLEGED OFFENDER
(Regulation 34)
[SECTION 110(7) OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

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

Details of alleged offender:

Full names:
Surname:
Also known as:*
Gender:
ID no:*
Occupation:
Relationship with child:

(* - if available or applicable)

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

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

Motivation for removal of alleged offender:

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

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

Name of person submitting request:

Signature:

Capacity / rank:

FORM 25
NOTIFICATION OF CONVICTIONS OR FINDINGS OF ABUSE OR DELIBERATE NEGLECT OF CHILDREN FOR
INCLUSION IN PART A OF THE NATIONAL CHILD PROTECTION REGISTER
(Regulation 39)
[SECTION 114 OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

Pursuant to section 114(1) (b) and (c) of the Children's Act, (No. 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:

1. CHILD DETAILS: (Victim)						
Surname of child			Full name(s) of child			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
			*Age / Estimated Age:			
* ID no:			* Passport no:			
Physical Address:						
* Disability of child and its nature			* Chronic illness of child and its nature:			
<u>Nature:</u> <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Physical disability <u>Mental disability:</u> <input type="checkbox"/> Developmental <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other			<u>Nature:</u> <input type="checkbox"/> Diabetic <input type="checkbox"/> Cancer <input type="checkbox"/> Liver <input type="checkbox"/> HIV/Aids <input type="checkbox"/> Epileptic <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Other			

(* - Complete where available or applicable)

2. FOR COMPLETION IN CASE OF CONVICTION (Section 114(1)(b)):					
Surname of convicted person:		Full Names of convicted person:			
Name convicted under:					
* He or she is also known as		Physical Address:			
SA Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Nationality:			
Gender:	M	F	Occupation of convicted person:		
Identification no:		* Passport no:			
*Driver's licence no:		* Prisoner identification no:			
Court details: Court Name:					
Court Type:		Court Case no:			
Court Address:					
Brief account of conviction:					
Sentence imposed:		Type of offence:			
		Place of offence:			
		Date of offence:	DD	MM	CCYY
		Date of conviction:	DD	MM	CCYY
		Date of sentence:	DD	MM	CCYY

3. APPEAL AGAINST OR REVIEW OF THE CONVICTIONAppeal approved by the court: Yes No

If Yes, Complete the following:

- has been lodged by the convicted person on . DD... /...MM.. /...CCYY... (date);
- is likely to be lodged by the convicted person;
- has not been lodged by the convicted person

4. SAPS**Name of Station:****CAS number:****CR number:****FP number:****NRSO No:**

(* - Complete where available or applicable)

5. FOR COMPLETION IN CASE OF FINDING OF CHILDREN'S COURT (Section 114(1)(c))**Details of parents / caregiver of child:****Father / Caregiver - Surname****Father / Caregiver - Full Name(s)****Father / Caregiver Identity no:****Age:***** Driver's license:****Mother / Caregiver- Surname****Mother / Caregiver- Full Name(s)****Mother / Caregiver Identity No:****Age:***** Driver's license:***** Physical Address of parents / caregiver:****Court details in which findings were made:****Name of Children's Court****Address of Children's Court****Brief summary of reasons for findings:****Information on outcome of finding****(nature of order made by children's court in terms of section 46 and /or 156 of the Act):**

Brief summary of services rendered to the child as per social worker's / other professional's report:				
Children's Court Case number:	Date of finding:	DD	MM	CCYY

(* - Complete where available or applicable)

<p>3. ATTACHED DOCUMENTS:</p> <p>The following additional information is attached (if available):</p> <p><input type="checkbox"/> report by social worker / other professional</p> <p><input type="checkbox"/> court order</p> <p><input type="checkbox"/> court minutes</p>
--

Yours sincerely

(Signature of registrar or clerk of the court)

(Date)

Postal Address of Court:

Telephone number of Court:

**Official Stamp of the Registrar of the Court or
Date of the Court**

--

FORM 26

INQUIRY BY PERSON TO ESTABLISH WHETHER HIS/HER NAME IS INCLUDED IN PART A OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 40)

[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)
- 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 enquiry within 21 working days.

My postal address is:

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

My other contact details (telephone or e-mail address) are

.....
.....

Yours sincerely

(Name)

(Date)

FORM 27
PARTICULARS OF PERSON FOUND UNSUITABLE TO WORK WITH CHILDREN
(Regulation 41)
[SECTION 119 OF THE CHILDREN'S ACT 38 OF 2005]
CONFIDENTIAL

PART B OF NATIONAL CHILD PROTECTION REGISTER	
PARTICULARS OF PERSON	
• Full names of person	
• Surname of person	
• ID number of person	
• Last known physical address of person	
• Gender of person	
• Date of birth of person	
• Also known as	
• Offence of which person was convicted (if applicable)	
• Sentence (if applicable)	
• Date of conviction (if applicable)	
• Case number (if applicable)	
• Place of offence and date of offence	
Brief summary of reason why person was found to be unsuitable to work with children	
Fingerprints of person (attached)	
Photograph of person (attached)	

FORM 28

**NOTIFICATION OF FINDING OF UNSUITABILITY TO WORK WITH CHILDREN FOR INCLUSION IN PART B OF
NATIONAL CHILD PROTECTION REGISTER
(Regulation 42)
[SECTION 122 OF THE CHILDREN'S ACT 38 OF 2005]**

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

In terms of section 122 of the Children's Act, (No. 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.

1. PERSON IS UNSUITABLE TO WORK WITH CHILDREN:						
Title:						
Surname:			Full name(s) :			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
* He / she is also known as:						
* Identity no:			* Passport no:			
* Drive's licence no:			* Prisoner Identity no:			
Last known physical address:			Postal Address:			

Court / Forum details which made finding of unsuitability:	
Court Name:	
Court Type:	Court Case no:
Court Address:	
Brief account of conviction:	

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

2. APPEAL AGAINST OR REVIEW OF THE FINDING:	
Appeal approved by court: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Complete the following:	
<input type="checkbox"/> has been lodged by the above-mentioned person on/...../..... (date);	
<input type="checkbox"/> is likely to be lodged by the above-mentioned person;	
<input type="checkbox"/> has not been lodged by the above-mentioned person	

3. ATTACHED DOCUMENTS:
The following additional particulars are attached (if available):
<input type="checkbox"/> fingerprints of person *
<input type="checkbox"/> photograph of person *
<input type="checkbox"/> court order *
<input type="checkbox"/> minutes of administrative forum *
(* - if available or applicable)

Yours sincerely

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

Telephone No. _____

 (Date)

Official Stamp of the Registrar of the Court

FORM 29

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

(Regulation 44)

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

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

Dear Sir / Madam

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

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

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

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

Personal details of person employed or to be employed.

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

Yours sincerely

(Signature)
(Date)

FORM 30
INQUIRY BY PERSON TO ESTABLISH WHETHER HIS/HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 44)

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

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

Dear Sir / Madam

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

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

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

My personal details are:

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

Yours sincerely

(Signature)

(Date)

FORM 31

**APPLICATION FOR REMOVAL OF NAME ERRONEOUSLY ENTERED IN PART B OF NATIONAL CHILD
PROTECTION REGISTER
(Regulation 45)
[SECTION 128(2) OF THE CHILDREN'S ACT 38 OF 2005]**

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

Dear Sir / Madam

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

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

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

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

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

2. REASONS:

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

3. CLARIFICATION:

--

4. CONTACT DETAILS:

Postal address:	Physical address:
Email:	
Telephone No:	Cellular No:

5. ATTACHED DOCUMENTS:

The following additional particulars are attached:

- an affidavit setting out the grounds for this application

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

Yours sincerely

(Signature)

(Date)

FORM 32

NOTIFICATION OF OUTCOME OF APPLICATION TO REMOVE NAME AND INFORMATION FROM PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 45)

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

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

Dear Sir / Madam

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

Full names and surname of applicant:
Physical address of applicant:
Identification number of applicant:*
Any other relevant details:
Outcome of application (finding):
Name and address of court in which finding was made:
Date of finding:
Case number:
(* - if available)
Register reference number:

(Signature of registrar or clerk of the court)

(Date)

Postal address of court:

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

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

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

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

Applicant details

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

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

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

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

Part B: Details of medical treatment/surgical operation

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

.....

Part C: Motivation for seeking consent of the Minister

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

Motivation:.....

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

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

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

- Parent cannot readily be traced/ is deceased*

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

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

- Child unreasonably refusing to give consent

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

Part D: Consent/ refusal of consent by Minister

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

Tick whichever is applicable

.....
Signature

.....
Full name

.....
Designation

.....

Date



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

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

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

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

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

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

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

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

Parent/Guardian 1

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

Parent/guardian 2 (where necessary or desirable)

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

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

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

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

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

.....

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

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

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

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

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

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

Date:

Part C Consent of the child.

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

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

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

.....
Signature of child

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

Date.....

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

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

.....
Full name of parent or guardian

.....
Date

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

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

Child upon whom surgical operation is to be performed

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

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

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

Parent/Guardian assisting the child parent to give consent

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

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

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

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

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

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

.....

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

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

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

Signature of person seeking consent to perform the surgical operation

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

Designation of person seeking consent to perform the surgical operation

Date:

Part C Consent of the child parent.

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

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

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

Signature of child parent

Name of child parent (write in full)

Date.....

Part D Declaration of parent/guardian of child parent

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

Signature parent(s)/guardian(s)

Full name of parent or guardian

Date

FORM 36
AUTHORITY FOR REMOVAL OF CHILD TO TEMPORARY SAFE CARE
(Regulation 53)
[SECTIONS 150-152 OF THE CHILDREN'S ACT 38 OF 2005]

TEMPORARY SAFE CARE	
----------------------------	--

Temporary safe care where child is to be placed	
---	--

AUTHORITY

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

DETAILS OF CHILD(REN)	NAME(S) AND SURNAME	GENDER	DISABILITY	DATE OF BIRTH ESTIMATED 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
	150(1)(c)	lives or works on the streets or begs for a living
	150(1)(d)	is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency
	150(1)(e)	has been exploited or lives in circumstances that expose the child to exploitation

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

RESPONSIBLE PERSON

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

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

ADDITIONAL INFORMATION: CHILD(REN)

(Special needs, medical conditions, behaviour, etc)

OFFICIAL CONDUCTING REMOVAL OF CHILD(REN)

Details of person conducting removal of child(ren)

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

ACKNOWLEDGMENT OF RECEIPT

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

TEMPORARY SAFE CARE			
Signature			
Name & surname			
Place			
Date		Time	

COPIES OF AUTHORITY

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

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

REFERRAL

Case referred to Organisation/Social worker

Name & surname	
Organisation	
Telephone number	
Facsimile number	
Reference number	

SEE NOTES ON NEXT PAGE

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

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

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

B. Directions for police officials:

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

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

C. General

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

Note 2

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

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

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

TO:.....
.....
.....
.....
.....

Dear Sir/Madam

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

Date and time of hearing:

Place of hearing:

Clerk of the court

Date:

Address of court

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

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

<p>PROFESSIONAL REPORT BY</p> <p>FULL NAMES:</p> <p>SIGNATURE:</p> <p>QUALIFICATIONS:</p> <p>REGISTRATION NO.:</p> <p style="text-align: center;">REGISTERED SOCIAL WORKER</p> <p>ADDRESS:</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p> <p>TEL. NO.:</p> <p>DATE:</p> <p>SUPERVISOR'S OR SENIOR'S SIGNATURE:</p> <p style="text-align: center;">.....</p> <p>DATE:</p>
--

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)

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

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

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

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

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E. FAMILY PROFILE

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

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

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

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

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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):

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

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)

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

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):

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

..... (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)

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

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

- therapeutic needs.....
-

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

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

.....

.....

.....

.....

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

I have taken account of the following factors:

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

and concludes as follows (discuss above factors):

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

- be placed in foster care with relatives or non-relatives as geographically close to the parent or caregiver as possible to encourage visiting by such persons
Reasons and indication of names, details, circumstances and suitability of proposed foster parents:

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

- be adopted by relatives
Reasons and indication of names, details, circumstances and suitability of proposed adoptive parents

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

- be placed under the guardianship of relatives
Reasons and indication of names, details, circumstances and suitability of proposed guardians:

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

- be adopted by non-relatives, preferably of similar ethnic, cultural and religious backgrounds
Reasons and indication of names, details, circumstances and suitability of proposed adoptive parents:.....

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

- be placed in permanent foster care with relatives or non-relatives or with a cluster foster care scheme
Reasons and indication of names, details, circumstances and suitability of proposed permanent foster parents or scheme:.....

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

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

It is hereby certified that:

the following facility has been approved for temporary safe care:

the following place has been approved for temporary safe care:

the following premises has been approved for temporary safe care:

the following person has been approved for temporary safe care:

Name of facility/ place / premises/ person:

Physical address of facility/ place/ premises/ person:

Provincial Head of Social Development

Date:

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

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

To: The Provincial Head of Social Development

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

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

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

Date and place of serious injury or abuse :

Type of serious injury or abuse :

Brief explanation of incident of serious injury or abuse:

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

Brief explanation of medical intervention:

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

Details of alleged abuser:

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

B. Death of child in alternative care

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

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

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

Details of child :

- Name :
- Surname :
- ID number :
- Date of birth :
- Gender :
- Age :

Date and place of death :

Brief explanation of incident leading to death of child:

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

Brief explanation of medical intervention:

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

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

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

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

FORM 41

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

(Regulation 66)

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

Note: Separate form must be used for each child.

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

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

I/We (1) (full names)

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

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

And residing at:.....

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

since.....

(full names of child)

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

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

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

.....
Foster parent 1

.....
Foster parent 2

Place:.....

Date:.....

FORM 42

APPLICATION FOR THE REGISTRATION OF A CLUSTER FOSTER CARE SCHEME

(Regulation 68)

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

(A) PARTICULARS OF APPLICANT

Name of applicant: _____
 NPO number: _____
 Physical address: _____

 Postal address: _____ Postal code: _____
 Physical address; _____

 Telephone : _____ Cell phone: _____
 Fax number: _____ E-mail: _____
 Names of Office Bearers _____

(B) PARTICULARS OF THE CLUSTER FOSTER CARE SCHEME

Name of cluster foster care scheme _____
 Physical address: _____

 Postal address _____
 Geographical area/locality in which cluster foster care scheme will operate _____
 Names and identity numbers of office bearers of cluster foster care scheme (if applicable) _____

(B) SUPPORTING DOCUMENTS

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

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

(C) **GENERAL REMARKS**

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

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

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

on _____ (insert date).

Physical address of nonprofit organization :

Physical address of cluster foster care scheme :

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

FORM 44

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

Name of applicant: _____

Name of cluster foster care scheme: _____

Physical address of applicant: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: _____

DATE: _____

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

TO:

Name of nonprofit organisation

Physical Address

Name of cluster foster care scheme:

Physical address

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

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

(Regulation 68)

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

Name of cluster foster care scheme.

Address of cluster foster care scheme.

Physical address of cluster foster care scheme.

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

_____ (Insert name of province)

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

Representative of cluster foster care scheme.

Date

FORM 47

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

(Regulation 68)

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

TO: _____

Name of organization

Physical address

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

Provincial Head: Social Development

Province: _____

Date of issue: _____

FORM 48
APPLICATION FOR THE REGISTRATION /CONDITIONAL REGISTRATION/ RENEWAL OF REGISTRATION
OF A CHILD AND YOUTH CARE CENTRE
 (* Delete which is not applicable)
 (Regulation 78)
[SECTION 199 OF THE CHILDREN'S ACT 38 OF 2005]

This is an application for:

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

(A) PARTICULARS OF APPLICANT

Name of child and youth care centre: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

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

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

Accreditation reference number: _____

(B) MANAGEMENT BOARD

Constitution of the management board:

Chairperson : _____

Vice-chairperson : _____

Secretary : _____

Treasurer : _____

Member : _____

Member : _____

Member : _____

Member : _____

Committees (state nature and number of members):

(a) Nature : _____ Number: _____

(b) Nature : _____ Number: _____

(c) Nature : _____ Number: _____

(d) Nature : _____ Number: _____

Auditors

Name : _____

Address : _____

Telephone number : _____

Registration number : _____

(C)

STAFF

Staff provision (names of incumbents not required)

Designation	Sex	Salary or remuneration	Skills, qualifications and experience

(Further particulars must be furnished in an annexure)

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

(D)

BUILDINGS, SITE AND EQUIPMENT

Extent of premises: _____

Extent of buildings: _____

Extent of playgrounds: _____

Rooms and amenities for use by children:

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

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

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

State what provisions has been made for recreation:

Indoors: _____

Outdoors: _____

(E)

CHILDREN

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

Total number of children that will be accommodated: _____

Boys: _____

Girls: _____

Particulars of children (reply yes or no):

Destitute and neglected children:

Abused children:

Children with substance abuse challenges:

Children with behaviour challenges:

Children with developmental or psychological disabilities:

Children with physical disabilities (also state nature);

Abandoned children:

Children previously living on the street:

Arrangements for medical and dental care:

Arrangements for education:

Arrangements for religious instruction:

(F)

GENERAL

State whether the premises is the property of the applicant:

If rented premises, state monthly rent:

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

(G) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

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

(H) **REMARKS**

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

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

SIGNATURE OF APPLICANT _____
CAPACITY _____
DATE

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

It is hereby certified that:

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

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

Name of child and youth care centre: _____

Physical address of child and youth care centre:

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

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

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

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

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

FORM 50

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

(* Delete which is not applicable)
(Regulation 80)

[SECTION 200 OF THE CHILDREN'S ACT 38 OF 2005]

Name of applicant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

Date of application: _____

I have refused the application for the following reasons:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT

PROVINCE: _____

DATE: _____

FORM 51

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

Name of appellant: _____

Name of child and youth care centre: _____

Physical address of child and youth care centre: _____

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

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

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

My reasons for appealing against the decision are also attached.

APPLICANT OR REGISTRATION HOLDER

DATE

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

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

(A) **PARTICULARS OF APPLICATION**

Name of drop-in centre: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

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

Physical address of person or body: _____

Telephone : _____ Cell phone: _____

Fax number: _____ E-mail: _____

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

(B) **SUPPORTING DOCUMENTS**

The following supporting documents must accompany the application:

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

(C) **GENERAL REMARKS**

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

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

SIGNATURE OF APPLICANT

CAPACITY

DATE

FORM 53

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

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

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

It is hereby certified that:

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

on _____ (insert date).

Name of drop-in centre facility: _____

Physical address of drop-in centre:

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

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

PLEASE SEE REVERSE SIDE

REVERSE SIDE OF FORM 53

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

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

FORM 54

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

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

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

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:

PROVINCIAL HEAD OF SOCIAL DEVELOPMENT/
MUNICIPAL OFFICIAL

PROVINCE/ MUNICIPALITY: _____

DATE: _____

FORM 55
AGREEMENT BETWEEN PROVINCIAL HEAD OF SOCIAL DEVELOPMENT AND MUNICIPALITY IN TERMS OF
(Regulation 96)
[SECTION 225(2) OF THE CHILDREN'S ACT 38 OF 2005]

I(full names)
in my capacity as the Head of the Provincial Department of Social Development in the
Province (name of the province) and duly authorized thereto

AND

I(full names) in
my capacity as the Mayor of the
(name of municipality) and duly authorized thereto

hereby agree that the functions contemplated in sections 217,218,219,220,221,222 and 224 (delete which is not
applicable) of the Children's Amendment Act,2007 (Act No. 41 of 2007) be assigned to the Municipal Manager of the
.....(name of municipality) with effect from-----
.....(date)

SIGNED at on this day of.....

As Witnesses:

- 1.
- 2.

HEAD OF PROVINCIAL DEPARTMENT

SIGNED at on this day of

As Witnesses:

- 1.
- 2.

MAYOR

FORM 56

**AN APPEAL AGAINST
A DECISION OF A PROVINCIAL HEAD OF SOCIAL DEVELOPMENT IN TERMS OF SECTION 223 OF THE ACT
IN RESPECT OF A DROP-IN CENTRE
(Regulation 97)
[SECTION 223 OF THE CHILDREN'S ACT 38 OF 2005]**

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 57

**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 97)
[SECTION 225(6) OF THE CHILDREN'S ACT 38 OF 2005]**

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 58
APPLICATION FOR THE REGISTRATION OF AN ADOPTIVE PARENT
(Regulation 98)
[SECTION 232(4) OF THE CHILDREN'S ACT 38 of 2005]

(A) **APPLICATION**

1. I _____ (full name)
 an adoption social worker hereby apply for the registration of a prospective adoptive parent(s).
 Place of employment: _____
 Registration number _____
 Address: _____

 Telephone: _____
 Fax: _____
 E-mail:

2. I declare that I am in the process of matching prospective adoptive parents with an adoptable child.
 3. 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. Province: _____
 8. District: _____

PLEASE SEE REVERSE SIDE

REVERSE OF FORM 58

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) SIGNED 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 59

APPLICATION FOR THE REGISTRATION OF AN ADOPTABLE CHILD
(Regulation 98)
[SECTION 232(5)(b) OF THE CHILDREN'S ACT 38 of 2005]

(A) **APPLICATION**

1. I _____ (full name)
an adoption social worker hereby apply for the registration of a child as an adoptable child.
Place of employment: _____
Registration number _____
Address: _____

Telephone: _____
Fax: _____
E-mail:

(B) **PARTICULARS OF ADOPTABLE CHILD**

1. Full names and surname: _____
2. Date of birth: (1) _____
3. Identity number: (1) _____
4. Cultural group: (1) _____
5. Religious affiliation: (1) _____
6. Home language: _____
7. Province: _____
8. District: _____

PLEASE SEE REVERSE SIDE

REVERSE OF FORM 59

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

SIGNED at _____ this _____ day of _____ 20_____

Adoption social worker

(C)

FOR OFFICIAL USE ONLY

The Director-General
Department of Social Development
Pretoria

Submission of an application for the registration as an adoptable child 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 60
APPLICATION FOR THE ADOPTION OF A CHILD
(Regulation 99)
[SECTION 231(1) OF THE CHILDREN'S ACT 38 OF 2005]

<input type="checkbox"/> Joint applicants complete (1) and (2)	NOTE	<input type="checkbox"/> 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.

REVERSE OF FORM 60

(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.

SIGNED 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) (**Form 41**).
- (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 61
CONSENT BY PARENT TO THE ADOPTION OF CHILD
(Regulation 99)
[SECTION 233 OF THE CHILDREN'S ACT 38 OF 2005]

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

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

- | | |
|---|---|
| <input type="checkbox"/> I am unmarried and have never been married before | <input type="checkbox"/> I am married to the *mother/father of the child |
| <input type="checkbox"/> I have never been married to the father of the child | <input type="checkbox"/> I am divorced from the *mother/father of the child |
| <input type="checkbox"/> My present husband is not the father of the child who was born *prior to/during our marriage | |
| <input type="checkbox"/> I am the *widow/er of the father/mother of the child | |

*Signature of *father/mother*

SIGNED BEFORE ME after I have explained to the said *father/mother 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

REVERSE SIDE OF FORM 61

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 counseling; 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 62
CONSENT BY CHILD TO ADOPTION
(Regulation 99)
[SECTION 233 OF THE CHILDREN'S ACT 38 OF 2005]

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 63
CONSENT BY OTHER PERSON HOLDING GUARDIANSHIP TO THE ADOPTION OF A CHILD
(Regulation 99)
[SECTION 233 OF THE CHILDREN'S ACT 38 OF 2005]

NOTE
<input type="checkbox"/> A separate form must be used for each child
<input type="checkbox"/> 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 *guardian 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 GUARDIAN

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

- | | |
|--|---|
| <input type="checkbox"/> I am unmarried and have never been married before | <input type="checkbox"/> I am married to the *mother/father of the child |
| <input type="checkbox"/> I have never been married to the mother/father of the child | <input type="checkbox"/> I am divorced from the *mother/father of the child |
| <input type="checkbox"/> I am the *widow/er of the father/mother of the child | |

*Signature of *guardian*

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

- (iii) *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;
 - (iv) *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 pressing 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

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 counseling; 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 64
WITHDRAWAL OF CONSENT TO ADOPTION BY PARENT OR GUARDIAN OF CHILD
(Regulation 102)
[SECTION 233(8) OF THE CHILDREN'S ACT 38 OF 2005]

TO: 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)

<p>PLEASE TAKE NOTE THAT I, _____</p> <p>_____</p> <p>OF _____</p> <p>_____</p> <p>HEREBY WITHDRAW MY CONSENT TO THE ADOPTION OF THE AFOREMENTIONED CHILD WHICH CONSENT WAS SIGNED BEFORE THE PRESIDING OFFICER, CHILDREN'S COURT AT _____ ON _____</p> <p>SIGNED AT _____ this _____ day of _____ at _____</p> <p style="text-align: right; margin-right: 50px;">_____ Signature of parent</p>

RECEIPT ACKNOWLEDGED: _____
Presiding officer: Children's court

PLACE: _____
DATE: _____

<p style="text-align: center;">NOTE</p> <p>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.</p>
--

*Delete whichever is not applicable

FORM 65
WITHDRAWAL OF CONSENT BY CHILD TO ADOPTION
(Regulation 102)
[SECTION 233(8) OF THE CHILDREN'S ACT 38 OF 2005]

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

FORM 66
POST ADOPTION AGREEMENT
(Regulation 103)
[SECTION 234 OF THE CHILDREN'S ACT 38 of 2005]

TO THE CLERK OF THE CHILDREN'S COURT: _____

(A) **AGREEMENT**

*I/We (1) _____ (full name)
(2) _____ (full name)
residing at _____
in the capacity as the prospective adoptive *parent/parents

AND

*I/We (1) _____ (full name)
(2) _____ (full name)
residing at _____
in the capacity as *parent/guardian

HEREBY

AGREE, with the assistance of an adoption social worker who provided counseling, to the following arrangements as contemplated by section 234 of the Children's Act 38 of 2005

Particulars of adoption social worker:

Registration number:

Organisation:

Name: _____

E-mail:

Telephone: _____

Fax: _____

1. _____

1. _____

2. _____

2. _____

*Prospective adoptive *parent/parents

*Parent/parents/guardian

SIGNED at _____ this _____ day of _____ 20____

*Delete whichever is not applicable

PLEASE SEE REVERSE HEREOF

REVERSE SIDE OF FORM 66

(B) **FURTHER PARTICULARS OF PARTIES**

1. **Prospective adoptive *parent/parents**

Postal address: _____

 _____ Postal code: _____
 Telephone numbers: Code: _____ Number: _____ (Office hours)
 Code: _____ Number: _____ (Residence)
 Mobile phone: _____

2. **Parent/parents/guardian**

Postal address: _____

 _____ Postal code: _____
 Telephone numbers: Code: _____ Number: _____ (ffice hours)
 Code: _____ Number: _____ (esidence)
 Mobile phone: _____

(B) **CONSENT OF CHILD**

*I, _____ (ull names) who stands to be adopted by the prospective adoptive *parent/parents understands the terms of abovementioned agreement and hereby consent to the agreement.

 Child

 Date

*I, _____ (full names), presiding officer: Children's court _____ declares that the consent was signed and attested before me and that I have satisfied myself that the child 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 agreement.

 Presiding officer: Children's court

 Date

*Delete whichever is not applicable

FORM 67
ORDER OF INTER-COUNTRY ADOPTION
(Regulation 113)
[SECTIONS 261(5) AND 262(5) OF THE CHILDREN'S ACT 38 OF 2005]

IN THE CHILDREN'S COURT FOR THE DISTRICT OF _____
HELD AT _____

**IN THE MATTER OF AN APPLICATION FOR THE INTER-COUNTRY
ADOPTION OF**

_____ (full name of child)
identity number _____ on the _____ day of _____ 20_____
before _____, Presiding Officer of the
Children's Court.

In the case of an inter-country adoption by a person living in a Hague Convention Country

THE COURT IS SATISFIED THAT: -

- The adoption is in the best interests of the child;
- The child is in the Republic; and is not prevented from leaving the Republic;
- The arrangements for the adoption are in accordance with the Hague Convention;
- The Central Authority of the convention country, _____, has agreed to the adoption;
- The Central Authority of the Republic has agreed to the adoption;
- The name of the child has been in the RACAP for at least 60 days; and
- No fit and proper adoptive parent for the child is available in the republic.

In the case of an inter-country adoption of a person living in a non-Hague Convention country

THE COURT IS SATISFIED THAT: -

- The adoption is in the best interests of the child;
- The child is in the Republic; and is not prevented from leaving the Republic;
- The arrangements for the adoption are in accordance with the Hague Convention;
- The competent authority of the non-convention country, _____, has agreed to the adoption;
- The Central Authority has agreed to the adoption;

