



S A Council for Social Service Professions (SACSSP)

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 Ref:

APPLICATION FOR REGISTRATION AS A CHILD AND YOUTH CARE WORKER

THIS APPLICATION FORM MUST BE COMPLETED IN PRINT OR TYPING BY CHILD AND YOUTH CARE WORKERS (CYCW) ONLY

Study the CYCW application form carefully before completing it. Answer all questions fully, clearly and correctly. Questions, which do not apply to you, must be clearly deleted. Should you have to make any corrections to your answers, initial them in the margin.

PLEASE NOTE: To avoid delay of your registration, your proof of payment and documents as prescribed on page one and two **MUST** accompany this application form.

1. PERSONAL PARTICULARS: THIS SECTION IS COMPULSORY TO ALL

1.1	Title	Prof.		Dr.		Revd		Mr		Mrs.		Miss		Ms.	
1.2	Surname														
1.3	Previous Surname														
1.4	Full Names														
1.5	Registration number as student Child and Youth Care Worker For office use only	-	7	0	-										

2. **PLEASE NOTE:** This application must be accompanied by the following:
- 2.1 If applying for registration as a CYCW at the Professional level complete **Section A**, if applying for registration at Professional level with a level 7 qualification in the Humanities or Social Sciences complete **Section A and B** and if applying for registration as a CYCW at Auxiliary level complete **Section C**
 - 2.2 A completed assessment document of Proof of Evidence (PoE) at level 8, if applying for Registration as professional CYCW or PoE at level 4 if applying for registration as an Auxiliary CYCW and is required in terms of the Regulations for Registration.
 - 2.3 A **Certified copy** of documentary proof of your names, identity document/ residence permit number and date of birth / acceptable to the Council.
 - 2.4 A **certified copy** of documentary proof of the qualification(s) on the basis of which you apply for registration as a CYCW.

2.5 **Original (NOT copy)** of documentary proof issued by the training institution in which is listed:

2.5.1 **ALL** the subjects you have passed during all years of study and the duration of the course in each subject.

2.5.2 **ALL** the subjects/modules credited or exempted having been obtained from another university of the learning programme over a period of study years.

2.6 If your qualification(s) was/were obtained outside the R SA, also **original** copy of:

2.6.1 documentary proof from the training institution where you received tuition and training in Child and Youth Care Work of the content of theoretical tuition and both the nature and duration of field instruction you received in each subject;

2.6.2 documentary proof that the training institution where you received tuition and training in Child and Youth Care Work is accredited, specifying the body with which the training institution is accredited the training institution is not accredited, proof of any other form of recognition that the training institution has;

2.6.3 in the case of a training institution that is accredited, documentary proof from the accrediting body that the qualification(s) is/are or was/were the accepted tuition and training for Child and Youth Care Work in the country concerned.

2.7 The Council may order that a portfolio be submitted and an assessment interview be conducted with applicants who obtained their qualification(s) in a country outside the R SA.

2.8 All documents accompanying this application that are not drawn up in English, must be accompanied by a translation prepared by a sworn translator in English, as well as a **certified** copy of the original document, and the onus shall be on the applicant to have such document so translated.

2.9 A copy of the **BANK DEPOSIT SLIP** or proof of an **ELECTRONIC/ INTERNET TRANSFER** as proof of payment to the value of the prescribed registration fee.

3. **POST** your application using registered mail to the Registrar, SA Council for Social Service Professions, Private Bag X12, Gezina, 0031.

4. **REGISTRATION PARTICULARS**

4.1 Have you previously applied for registration as a Child and Youth Care Worker/Student Child and Youth Care Worker in RSA?

Yes No

4.2 If yes, was the application? Approved Rejected

If application was rejected, please provide reason/s:

4.3 Registration number as a Child and Youth Care Worker (For office use) 70 -

4.4 Registration date (For office use only) ^Y - ^M - ^D

4.5 If you applied for restoration, state the date on which your name was removed from the Register:

^Y - ^M - ^D

4.6 Identity or residence permit number

4.7 Date of birth: ^Y ^M ^D
(Attach a certified copy of acceptable documentary proof of your names, identity or residence permit number)

Does not practise cycw	Unemployed	Living abroad	Pensioner Over 65years
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6. **TRAINING INSTITUTION WHERE YOU OBTAINED YOUR BASIC (PRE-REGISTRATION) QUALIFICATION(S) IN CHILD AND YOUTH CARE WORK**

6.1 Training institution in the R.S.A.:

6.1.1 **TRAINING OF INSTITUTION** _____

6.1.2 Other:

6.2 Training institution outside the R.S.A.:

6.2.1 Country		6.2.2 University/College	
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SECTION A

TO BE COMPLETED IF APPYING FOR REGISTRATION AT THE PROFESSIONAL LEVEL

7. **ACADEMIC PARTICULARS OF BASIC (PRE-REGISTRATION) QUALIFICATIONS(S) IN CHILD AND YOUTH CARE WORK**

7.1 Qualification	1. Degree	2. Diploma
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7.1 .1 Duration of course	3 years	4 years	Other
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7.2 Date on which you initially registered as a student for this qualification:

Y M D

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7.2 .1 Name of Qualification	E.g B Tech CYCW
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Level 6	Level 7	Level 8	Higher Level
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7.2 .2 NQF level of qualification in CYCW	
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7.2 .3 Post graduation qualification	
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7.3 COMPLETE SUBJECT /MODULE IN RESPECT OF YOUR CYCW QUALIFICATION.

NAME OF SUBJECT: _____ YEAR LEVEL: 1

NAME OF MODULE/SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 2

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 3

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 4

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NOTE: Attach completed Portfolio of Evidence (PoE) assessment at level 8, if your qualification is NQF level 6 or 7.

SECTION B

7.4 TO BE COMPLETED BY APPLICANTS WITH QUALIFICATION IN HUMANITIES

NAME OF SUBJECT: _____ YEAR LEVEL: 1

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 2

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 3

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

NAME OF SUBJECT: _____ YEAR LEVEL: 4

NAME OF MODULE/ SUBJECT	CODE
1.	
2.	
3.	
4.	
5.	

7.5 NAME OF COMPLETED HIGHEST QUALIFICATION IN HUMANITIES OR SOCIAL SCIENCES

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7.6 Name of University and Department in which obtained.

Department _____

University _____

7.7 Year Obtained _____

7.8

Post -graduation qualification	
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SECTION C(1)

8. TO BE COMPLETED BY CYCW APPLYING FOR REGISTRATION AT AUXILIARY LEVEL WITH A COMPLETED FETC IN CYC.

8.1 CHILD AND YOUTH CARE WORK MODULES/ SUBJECTS ONLY*

8.1.1 CHILD AND YOUTH CARE WORK MODULES- YEAR LEVEL-1

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

8.1.2 CHILD AND YOUTH CARE WORK MODULES/SUBJECTS YEAR LEVEL-2

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

8.1.3 CHILD AND YOUTH CARE WORK MODULES/SUBJECTS YEAR LEVEL-3

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

8.1.4 CHILD AND YOUTH CARE WORK MODULES/SUBJECTS YEAR LEVEL-4 AND ABOVE

NAME OF MODULE	CODE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

8.1.5 Date of completion of FETC CYC: Y - M - D

9.
GENERAL
QUESTIONS

9.1	Have you ever been found guilty of unprofessional or improper conduct by the Council?		
9.2	If yes-		
9.2.1	were you reprimanded or cautioned?		
9.2.2	was your registration suspended?		
9.2.3	was your registration cancelled?		
9.2.4	was the imposition of a penalty postponed?		
9.2.5	was the execution of your penalty suspended?		
9.3	Have you ever been found guilty of an offence by a court of law?		
9.4	If yes, specify the nature of the offence of which you were convicted, the year in which it took place and the sentence passed		
(a)	Nature of offence:		
(b)	Year of offence:		
(c)	Sentence passed:		
9.5	Are there any legal steps pending against you at present?	Yes	No
9.6	If yes, specify what steps:		
9.7	Have requested clearance from the Child protection register	Yes	No

10 **DECLARATION**

I, the undersigned, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to the registration of my name as a Child and Youth Care Worker.

Signed at **this****day**
of..... **20**.....

SIGNATURE OF APPLICANT