GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT

No. R. 497 **29 June 2012**

CHILDREN'S ACT, 2005

AMENDMENT: GENERAL REGULATIONS REGARDING CHILDREN

The Minister of Social Development has, in terms of section 306 of the Children's Act, 2005 (Act No. 38 of 2005), made the regulations in the Schedule.

SCHEDULE

1. In these regulations "the Regulations" means the regulations published by Government Notice No. R.261 of 1 April 2010.

Substitution of regulation 33 of the Regulations

2. Regulation 33 of the Regulations is hereby substituted by the following regulation:

"Reporting of abuse or deliberate neglect of child

33. (1) A report by a person contemplated in section 110(1) of the Act, who on reasonable grounds concludes as provided for in that section that a

child has been abused in a manner causing physical injury, sexual abused, emotionally abused or deliberately neglected, must be made to the provincial department of social development, a designated child protection organisation or a police official in a form substantially corresponding to **Form 22** by completing that form to the best of that person's ability and by including in the form such particulars as are available to him or her.

(2) A designated child protection organisation or police official to whom a report contemplated in sub-regulation (1) has been made, must submit the completed **Form 22** to the relevant provincial department of social development.

(3) The provincial department of social development or designated child protection organisation to whom a report contemplated in sub-regulation (1) has been submitted, must submit the particulars of the abuse in a form identical to **Form 23** to the Director-General for inclusion in Part A of the National Child Protection Register."

Amendment of regulation 40 of the Regulations

3. Regulation 40 of the Regulations is hereby amended by the substitution for paragraph (a) of sub-regulation (3) of the following paragraph:

"(a) particulars regarding the date and place of the incident or act that led to the inclusion of the affected person's name in Part A of the National Child Protection Register; and".

Amendment of regulation 53 of the Regulations

4. Regulation 53 of the Regulations is hereby amended by the substitution for sub-regulation (1) of the following sub-regulation:

"(1) A person authorised by a court order, a designated social worker or a police official who removes a child and places such child in temporary safe care –

(a) in terms of a children's court order contemplated in section 151(2) of the Act; or

(b) without a court order in terms of section 152(1) of the Act,

must complete a form substantially corresponding to **Form 36** and submit it to the temporary safe care with admittance".

Substitution of regulation 107 of the Regulations

5. Regulation 107 of the Regulations is hereby substituted by the following regulation:

"Fees payable to accredited child protection organisations

107. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an adoption:

SERVICE	**MAXIMUM AMOUNT**
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions)	R275, 00 per hour;
(c) Home visits (maximum four visits)	R440, 00 per hour;
(d) Home study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour;
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off payment; and
(i) Child study report	R500, 00 per report."

Insertion of regulation 114A in the Regulations

6. The following regulation is hereby inserted after regulation 114 of the Regulations:

"Fees payable to accredited child protection organisations

114A. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an inter-country adoption:

SERVICE	**MAXIMUM AMOUNT**
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions)	R275, 00 per hour;
(c) Home visits (maximum four visits)	R440, 00 per hour;
(d) Child study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour;
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off payment."

Amendment of Annexure A

7. Annexure A to the Regulations is hereby amended by the substitution of **Forms 22, 23, 29 and 30** of the corresponding forms as set out in the Annexure to these regulations.

Commencement

8. These regulations will come into effect on the date of publication of the notice.

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) ☐ **Victim** ☐ **Relative** ☐ **Parent**

☐ **Neighbour** ☐ **friend** ☐ **Professional (specify)** .....

☐ **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. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION

☐ **Child abuse** ☐ **Child labour** ☐ **Child trafficking** ☐ **Street child**

☐ **Commercial sexual exploitation** ☐ **Exploited children** ☐ **Child abduction**

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD

Surname:	**Name:**
Physical address:	**Telephone number:**

FORM 22

Other children interviewed:	☐ **Yes**	☐ **No** **Number :**

4. CAREGIVER INFORMATION (If not same as trusted person or parent(s) of child)	
Surname:	**Name:**
Physical Address:	**Postal address**
Relationship to child:	
Telephone number:	**Mobile:**

5. ALLEGED ABUSER						
5.1) Surname				**Full Name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID No:				**Age:**		
*** Passport No:**				*** Drivers license number:**		
Also known as:				**Relationship to child:** ☐**Father** ☐**Mother** ☐**Grandfather** ☐**Grandmother** ☐**Step father** ☐**Step mother** ☐**Foster father** ☐**Aunt** ☐**Uncle** ☐**Foster mother** ☐ **Sibling** ☐ **Caregiver** ☐ **Professional: social worker/police officer/teacher/caregiver/priest/dr/ volunteer** ☐ **Other (specify)Other (specify)**		
Street Address (include postal code): **Postal Code:**						

5.2) WHEREABOUTS OF ALLEGED PERPETRATOR:

☐ **Section 153 (Request for removal by SAPS)** ☐ **Still in home**

☐ **In hospital (Name/Place.....)**

☐ **In detention (Name/Place.....)**

☐ **Living somewhere else (Address.....)**

☐ **Whereabouts unknown** ☐ **Un-identified**

FORM 22

6. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				**Full name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID number:				**Age:**		
Surname: Mother / Step-mother				**Full name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID number:				**Age:**		

Names and ages of siblings or other children if helpful for tracking

Surname	Full names	Age/Date of birth

Street Address (include postal code):	Postal Code:

7. ABUSE									
Date of Incident:			If date unknown (mark with X here):	Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY		DD	MM	CCYY	DD	MM	CCYY

Place of incident: ☐ Child's home ☐ Field ☐ Tavern ☐ School

☐ Friend's place ☐ After school centre ☐ ECD Centre ☐ Neighbour ☐ Private hostel

☐ Child and youth care centre ☐ Foster home ☐ Temporary safe care

☐ temporary respite care ☐ Other (specify)

7.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)

Physical	Emotional	Sexual	Deliberate neglect

7.2) INDICATORS (Check any that apply)

PHYSICAL: ☐ Abrasions ☐ Bruises ☐ Burns/Scalding ☐ Fractures

☐ Other physical illness ☐ Cuts ☐ Welts

☐ Repeated injuries ☐ Fatal injury (date of death)

☐ Injury to internal organs ☐ Head injuries ☐ No visible injuries (elaborate)

FORM 22

☐ **Poisoning (specify)** ☐ **Other Behavioral or physical (specify)**

EMOTIONAL: ☐ **Withdrawal** ☐ **Depression** ☐ **Self destructive aggressive behaviour**

☐ **Corruption through exposure to illegal activities** ☐ **Deprivation of affection**

☐ **Exposure to anti-social activities** ☐ **Exposure to family violence**

☐ **Parent or care giver negative mental condition** ☐ **Inappropriate and continued criticism**

☐ **Humiliation** ☐ **Isolation** ☐ **Threats** ☐ **Development Delays** ☐ **Oppression**

☐ **Rejection** ☐ **Accusations** ☐ **Anxiety** ☐ **Lack of cognitive stimulation**

☐ **Mental, emotional or developmental condition requiring treatment (specify)**

SEXUAL: ☐ **Contact abuse** ☐ **Rape** ☐ **Sodomy**

☐ **Masturbation** ☐ **Oral sex area** ☐ **Molestation**

☐ **Non contact abuse (flashing, peeping)** ☐ **Irritation, pain, injury to genital**

☐ **Other indicators of sexual molestation or exploitation (specify)**

DELIBERATE NEGLECT: ☐ **Malnutrition** ☐ **Medical** ☐ **Physical** ☐ **Educational**

☐ **Refusal to assume parental responsibility** ☐ **Neglectful supervision** ☐ **Abandonment**

7.3) Indicate overall degree of risk to child:

☐ **Mild** ☐ **Moderate** ☐ **Severe** ☐ **Unknown**

7.4) Where applicable, tick the secondary type of abuse or multiple abuse: ☐ **Yes** ☐ **No**

Sexual	Physical	Emotional	Deliberate Neglect

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

8. MEDICAL INTERVENTION (*)

Examined by:	Treatment received:	Where (name of hospital, clinic, private doctor):	Hospitalised:
☐ Doctor ☐ Reg. Nurse	☐ Yes ☐ No		☐ For assessment ☐ For treatment ☐ As temporary safe care (place of safety)
Contact person:	**Contact person:**	**Contact person:**	**Contact person:**

FORM 22

Telephone No:	Telephone No:	Telephone No:	Telephone No:

9. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): ☐ Yes ☐ No	Date		
	MM	DD	CCYY

10. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)						
Reported to SAPS: ☐ Yes ☐ No		Charges laid: ☐ Yes ☐ No		Date		
				DD	MM	CCYY
CASE NR		Police Station		Telephone Nr		
Name of Police Officer		Rank of Police Officer				

11. CHILD KNOWN TO DESIGNATED CHILD PROTECTION ORGANISATION (DCPO)/ SOCIAL DEVELOPMENT(DSD)?		
11.1) Child known to DCPO/DSD ?: ☐ Yes ☐ No		
Name of DCPO/DSD Office:	Contact number	Reference number

12. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a professional or mandatory obliged to report child abuse in terms of Section 110(1))					
CAPACITY(OF INFORMANT)					
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	Psychologist	Police Official	Physiotherapist
Religious leader		Social service professional		Social worker	
Speech therapist		Shelter		Traditional leader	
Teacher		Traditional health practitioner		Volunteer Worker – partial care facility	
Other (specify)					

Surname of informant	Name of informant	Name of employer
Employer Address	**Work Telephone Nr**	**Fax Number**
Email Address		

(*) = Complete if information is available or applicable

FORM 22

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

Signature of informant: _____

Date: _____

Official Stamp

FEEDBACK REPORT: 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) ☐ **Victim** ☐ **Relative** **Parent** ☐ ☐ **Neighbour** ☐ **friend** ☐ **Professional (specify)** ..... ☐ **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: ☐ **Yes** ☐ **No**	**Nature** ☐ **Blind** ☐ **Deaf** ☐ **Hard of hearing** ☐ **Physical disability** ☐ **Intellectual Disability** ☐ **Mental disability:** ☐ **Developmental** ☐ **Psychiatric** ☐ **Other(specify)**

3. CHRONIC ILLNESS (*)	
Chronic illness: ☐ **Yes** ☐ **No**	**Nature** ☐ **Diabetic** ☐ **Cancer** ☐ **Liver** ☐ **HIV/ Aids** ☐ **Epileptic** ☐ **Tuberculoses** ☐ **Cardiac disease** ☐ **Other(Specify)**

FEEDBACK REPORT: FORM 23

4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION

☐ child abuse ☐ Child labour ☐ Child trafficking ☐ Street child

☐ Commercial sexual exploitation ☐ Exploited children ☐ Child abduction

5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD

Surname:	Name:
Address:	Telephone number:

Other children interviewed: ☐ Yes ☐ No Number :

6. CAREGIVER INFORMATION (If not same as trusted person or parent(s) of child)

Surname:	Name:
Physical Address:	Postal address
Relationship to child:	
Telephone number:	Mobile:

7. ALLEGED ABUSER

7.1) 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: ☐Father ☐Mother ☐Grandfather ☐Grandmother ☐Step father ☐Step mother ☐Foster father ☐Uncle ☐Aunt ☐Foster mother☐ Sibling ☐Caregiver ☐Professional: social worker/police officer/teacher/caregiver/priest/dr/ Volunteer ☐Other (specify)		
Street Address (include postal code):						
Postal Code:						

7.2) WHEREABOUTS OF ALLEGED ABUSER:

FEEDBACK REPORT: FORM 23

☐ Section 153 (Request for removal by SAPS) ☐ Still in home

☐ In hospital (Name/Place.....)

☐ In detention (Place.....)

☐ Living somewhere else ☐ Whereabouts unknown ☐ Unidentified

7.3 ABUSE HAS BEEN CONFIRMED: ☐ Yes ☐ No	Date	DD	MM	CCYY

Type: ☐ Physical ☐ Emotional ☐ Sexual ☐ Deliberate Neglect

8. 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

Surname	Full named	Age/Date of birth

Street Address (include postal code):	Postal Code:

9. ABUSE

Date of Incident:			If date unknown(mark with X here):	Episodic/ongoing from (date)			Reported to CPR:		
DD	MM	CCYY		DD	MM	CCYY	DD	MM	CCYY

Place of incident: ☐Child's home ☐Field ☐Tavern ☐School ☐Friend's place

☐After school centre ☐ECD Centre ☐Neighbour ☐Private hostel ☐ Foster home

☐ Child and youth care centre ☐ Temporary safe care ☐ Other (specify)

FEEDBACK REPORT: FORM 23

9.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)			
Physical	Emotional	Sexual	Deliberate neglect

9.2) INDICATORS (Check any that apply)

PHYSICAL: ☐ Abrasions ☐ Bruises ☐ Burns/Scalding ☐ Fractures

☐ Other physical illness ☐ Cuts ☐ Welts ☐ Repeated injuries

☐ Fatal injury (date of death) ☐ Injury to internal organs ☐ Head injuries

☐ No visible injuries (elaborate)	☐ Poisoning (specify)	☐ Other Behavioral or physical (specify)

EMOTIONAL: ☐ Withdrawal ☐ Depression ☐ Self destructive aggressive behavior

☐ Corruption through exposure to illegal activities ☐ Deprivation of affection

☐ Exposure to anti-social activities ☐ Exposure to family violence

☐ Parent or care giver negative mental condition ☐ Inappropriate and continued criticism

☐ Humiliation ☐ Isolation ☐ Threats ☐ Development Delays ☐ Oppression

☐ Rejection ☐ Accusations ☐ Anxiety ☐ Lack of cognitive stimulation

☐ Mental, emotional or developmental condition requiring treatment (specify)

SEXUAL: ☐ Contact abuse ☐ Rape ☐ Sodomy

☐ Masturbation ☐ Oral sex area ☐ Molestation

☐ Non contact abuse (flashing, peeping) ☐ Irritation, pain, injury to genital

☐ Other indicators of sexual molestation or exploitation (specify)

DELIBERATE NEGLECT: ☐ Malnutrition ☐ Medical ☐ Physical ☐ Educational

☐ Refusal to assume parental responsibility ☐ Neglectful supervision ☐ Abandonment

9.3) Indicate overall degree of Risk to child:

☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

9.4) When applicable, tick the secondary type of abuse or multiple abuse: ☐ Yes ☐ No

Sexual	Physical	Emotional	Deliberate Neglect

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

10. MEDICAL INTERVENTION (*)			
Examined by: ☐ Doctor ☐ Reg. Nurse	**Treatment received** ☐ Yes ☐ No	**Where (name of hospital, clinic, private doctor)**	**Hospitalised:** ☐ For assessment ☐ For treatment ☐ As place of safety
Contact person	**Contact person**	**Contact person**	**Contact person**
Telephone number			

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

12. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)				
Reported to SAPS: ☐ Yes ☐ No	**Charges laid:** ☐ Yes ☐ No	**Date** **DD**	**MM**	**CCYY**

FEEDBACK REPORT: FORM 23

CASE NR	Police Station	Telephone Nr

Name of Police Officer	Rank of Police Officer

12.1) Police intervention: ☐None ☐Joint intervention ☐Informal contact ☐Charges laid ☐Police investigation	11.2) Offender guilty of previous abuse: ☐ Yes ☐ No If Yes, Type of conviction: Date: DD / MM / CCYY

13. 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: ☐ Reception and temporary safe care ☐ Reception, and care of street children

☐ Reception, development and secure care ☐ Reception, care and development of children on a shared basis

14. CURRRENT FUNCTIONING OF THE FAMILY:

CAUSATIVE FACTORS	Complete if not known to a welfare organisation : Current Situation		If known to organisation/ department				
14.1) Parents			Deterioration (To be completed on subsequent assessment)		Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent assessment)
	Yes	No	Slight	Significant	Slight	Significant	
☐Heavy child care responsibilities							
☐lack of support system							
☐marital difficulties							
☐lack of knowledge of child care / development							
☐physical violence/ corporal punishment acceptable							
☐different cultural/ sub-cultural/ religious norms							

☐alcohol/drug abuse							
☐physical illness							
☐mental illness							
☐personality disorder							
☐intellectual limitation							
☐abused in childhood							

14.2) Child	If child is known to Child Protection Organization						
	Current situation		Deterioration		Improvement		Unchanged
	Yes	No	Slight	Significant	Slight	Significant	
☐unwanted							
☐premature							
☐disabled							
☐behaviour problem/ provocative							
☐other							

14.3) Environment			If child is known to Child Protection Organization				
	Current situation		Deterioration		Improvement		Unchanged
☐unemployment	Yes	No	Slight	Significant	Slight	Significant	
☐social isolation	Yes	No					
☐housing: I = informal F= Formal	I	F					
☐finances: U=unemployed E=employed	U	E					
☐other							

14.4) Services provided	By (Name of service provide)	Date: From-to
☐psychiatric/psychological assessment		
☐psychiatric treatment		
☐counseling		
☐medical treatment		
☐health care workers		
☐parent education courses		

FEEDBACK REPORT: FORM 23

☐parents/ self help group		
☐volunteer support		
☐home community base care		
☐child and youth care worker		
☐foster care		
☐day care		
☐substance abuse treatment		
☐material needs/ financial assistance		
☐housing		
☐employment		
☐child taken into care		
☐other		
☐none (give reasons)		

14.5) Evaluation of case
14.6) Planning for family and child at risk
14.7) Recommendation

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

15. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT (If other than above)			
Surname			Full Name(s)
Gender	M	F	Age:

Also known as:	Relationship to child:	Street Address (include postal code) Postal code

16. 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 Department/Child Protection Organisation

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 X901
PRETORIA
0001

Dear Sir / Madam

In terms of section 126(1) / 126(2)* of the children's Act, (No. 38 of 2005), I,..... ..... (full names and surname) wish to inquire whether the name of a certain person is included in Part B of the National Child Protection Register. The particulars of the person are:

(* - Delete which is not applicable)

1. EMPLOYEE'S DETAILS:						
Surname			**Full name(s)**			
Gender:	**M**	**F**	**Date of Birth:**	**DD**	**MM**	**CCYY**
*** He / she is known as:**			**Driver's licence no:**			
Alias (also known as):						
*** ID no:**			*** Passport no:**			
Physical Address:			**Postal Address:**			
*** Telephone no:**			**Mobile no:**			
The above-mentioned person will be / is currently* employed in the following position:						

2. DETAILS OF EMPLOYER - (My / our details are the following :)	
Employer's name or name of NPO:	**NPO Registration number:**

FORM 29

Employer's Physical Address:	**Employer's Postal Address:**
Employer's telephone no/s:	**Other contact details:**

3. ATTACHED DOCUMENTS:

A certified copy of the following documents is attached as verification of identity:

☐ authentic signed letterhead of employer or prospective employer

☐ certified copy of birth certificate, identity document or passport of person who signed letterhead

☐ certified copy of birth certificate, identity document or passport of person to be screened.

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

Yours sincerely

(Signature) **(Designation)**

(Date)

Official Stamp of employer/ Organisation

FORM 30

INQUIRY BY PERSON TO ESTABLISH IF HIS / HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD PROTECTION REGISTER
(REGULATION 50(1)(b))
[SECTION 126(3) OF THE CHILDREN'S ACT, (No 38 OF 2005)]

TO: The Director-General

Department of Social Development

Private Bag X901

Pretoria

0001

Dear Sir / Madam

In terms of section 126(3) of the Children's Act, (No. 38 of 2005), I _____

_____ (full names and surname) wish to enquire 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.

1. IDENTIFYING DOCUMENTS:		
☐ birth certificate (only if not in possession of identity document or passport)		
☐ identity document	☐ passport	☐ other

In the event that my name has been included in Part B of the Register, kindly furnish reason why this was done. My personal details are:

2. CONTACT DETAILS:	
Postal address:	**Physical address:**
*** Email:**	
Telephone No:	*** Cellular No:**

(* - if applicable)

Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.

Yours sincerely

_____
(Signature)

_____
(Date)

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