
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF SOCIAL DEVELOPMENT

NO. 3608

27 June 2023

**CHILDREN'S ACT, 2005 (ACT NO. 38 OF 2005)
DRAFT AMENDMENT REGULATIONS REGARDING CHILDREN**

I, **Lindiwe Zulu**, the Minister responsible for Social Development intend, under the provisions of the Children's Act, 2005 (as amended), and after consultation with relevant stakeholders, to make the amendments to the regulations as per the Schedule hereunder.

Interested parties are invited to submit comments on the proposed draft regulations **within 30-days from of the date of publication of this notice** to the Director-General: Social Development, Private Bag X 901, Pretoria, 0001, fax number (012) 312 7399/7214 or e-mail: MatlhogonoloS@dsd.gov.za or LuyandaMt@dsd.gov.za (for the attention of: Ms. M. Sebopeia, or Luyanda Mtshotshisa).

Copies of the draft regulations can be obtained from the Government Printing Works, Pretoria, the reception at the Department of Social Development, 134 Pretorius Street, Pretoria, the website of the Department of Social Development www.dsd.gov.za or at 6th Floor, HSRC Building, 134 Pretorius Street, Pretoria.



.....
Ms Lindiwe Zulu, MP
Minister of Social Development
Date:

SCHEDULE

GENERAL EXPLANATORY NOTE:

- [] **Words in bold type in square brackets indicate omissions from existing regulations.**
- _____ Words underlined with a solid line indicate insertions proposed for the regulations.
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CHAPTER 1 GENERAL PROVISIONS

Amendment of regulation 1 of the Regulations

1. Regulation 1 of the Regulations is hereby amended by--

(a) the insertion of the following definition after the definition of "registration holder":

"Suitably qualified person" means a person qualified to deal with a matter raised in a particular regulation in these Regulations."

CHAPTER 6

CHILD PROTECTION SYSTEM

Insertion of regulation 32A in the Regulations

2. The following regulation is inserted after regulation 32 of the Regulations:

"32A Quality assurance of child protection services and child protection organisations

(1) The Director- General must, after consultation with all the provincial heads of social development:

(a) develop a quality assurance framework for child protection services;

(b) develop a quality assurance framework for child protection organisations; and

(c) develop a quality assurance framework for adoption social workers in private practice.

(2) The quality assurance for child protection services and child protection organisation must:

- (a) be conducted by the Director-General or provincial head of social development;
- (b) be conducted at any provincial office in the relevant province;
- (c) be conducted at any service delivery point in the relevant province;
- (d) be conducted at any child protection organisation in the relevant province;
- (e) be conducted at the registered consulting offices of the private social worker;
- (f) take into account the evaluation criteria developed by the Director-General as contemplated in regulation 32A(1);
- (g) be conducted by a team of suitably qualified persons as the Director-General or provincial head of social development may determine;
- (h) evaluate the quality of child protection services every three years;
- (i) be executed by designated persons who have the appropriate training in quality assurance and competencies for monitoring and evaluation of child care and protection services; and
- (j) evaluate the programmes and services relating to child protection services.

(3) The quality assurance framework referred to in subregulation (1) must:

- (a) provide for the monitoring of compliance with the Act, the Regulations, the norms and standards; and
- (b) provide for quarterly reporting and monitoring of:
 - (i) child protection services;
 - (ii) child protection organisations; and
 - (iii) services rendered by adoption social workers in private practice.

- (4) The provincial head of social development must:
- (a) establish a quality assurance unit for the relevant province; and
 - (b) ensure that the quality assurance unit conducts regular quality assurance of child protection services and child protection organisations at least once every 3 years.
- (5) The provincial head of social development may order a quality assurance process at any time if there is a reason to believe that a child protection organisation or service provider does not comply with any provision of the Act or the Regulations.
- (6) The quality assurance contemplated in this regulation must be carried out in conjunction with regulation 32(2).
- (7) The Director-General must evaluate the quality of child protection services in the Republic every five years.
- (8) The Director-General shall take into account the relevant reports from the provincial departments and recommend or implement any improvement measures required to the services and programmes.”

CHAPTER 7

THE NATIONAL CHILD PROTECTION REGISTER

Insertion of Part III in the heading of Chapter 7

3. The following heading is inserted after Part II of Chapter 7 of the Regulations
- “Part III - Powers, Duties and Responsibilities of the Registrar of the National Child Protection Register”**

Insertion of regulation 42A

4. **42 (A) Notification of convictions to be reported to Director-General**

- (a) A conviction contemplated in section 122(1A) of the Act must be forwarded to the Registrar of the National Child Protection Register within 30 working days of the conviction.
- (b) A notification contemplated in sub-regulation (1) must—
- (i) be contained in a sealed envelope marked confidential or be submitted electronically;
 - (ii) indicate whether any appeal or review of the conviction has been lodged by the affected person or is likely to be lodged;
 - (iii) reflect the particulars, set out in section 119 of the Act, of the person found in terms of section 120 of the Act to be unsuitable to work with children; and
 - (iv) be in a form identical to **Form 27A**.

Insertion of regulation 46A

5. The following regulations are inserted after regulation 46 in Chapter 7 of the Regulations:

“46A Definition

“In this Chapter, notwithstanding any other provision in these Regulations, “Registrar” shall mean the Registrar of the National Child Protection Register who is the person designated by the Director-General in terms of section 142 of the Act.

46B Powers ,duties and responsibilities of Registrar

- (1) The Registrar of the National Child Protection Register must exercise the powers, duties and responsibilities in accordance with the provisions of the Act and these Regulations.

- (2) The Registrar must, subject to the provisions of of the Act ensure that:
- (a) only authorised persons have access to those parts of the register as determined in the Act;
 - (b) access to the register is conducted for official purposes only;
 - (c) application for the removal of a person's name from the register which might require changes to entries made, is considered as soon as possible but not later than 15 days after receipt of such application;
 - (d) written quarterly reports on Part A and Part B of the National Child Protection Register are submitted to the Director-General; and
 - (e) the Director-General is informed of any changes made in respect of any entry made into the National Child Protection Register.
- (3) The Registrar must subject to the provisions of the Act, the Criminal Law (Sexual Offences and Related Matters) Amendment Act 23 of 2007 and these Regulations:
- (a) investigate any allegation regarding the entries made into the National Child Protection Register;
 - (b) update the National Child Protection Register database quarterly;
 - (c) establish the relevant financial and human resources required to administer the National Child Protection Register; and
 - (d) report to the Director-General any changes that may be required in respect of any entry made into the National Child Protection Register."

Insertion of Chapter 9A

6. The regulations are amended by insertion after Chapter 9 of the following:

“CHAPTER 9A

CHILD CARE AND PROTECTION UNITS

51A Criteria for establishing and resourcing of designated child care and protection units –

- (1) The MEC for social development must:
- (a) within 60 months of coming into operation of these Regulations establish a child care and protection unit
 - (b) ensure that every service delivery point of the department in a province has a child care and protection unit where required as informed by the geographic dynamics;
 - (c) ensure that there is adherence to the prescribed ratio for social workers to clients when the child care and protection unit is staffed;
and
 - (d) provide human, capital, technical, administrative, infrastructure, information and communication management systems, and other required resources to a child protection unit from monies appropriated by the provincial legislature.
- (2) The child protection unit shall be constituted of the following:
- (a) prevention and early intervention sub-unit;
 - (b) violence, child abuse, neglect and exploitation sub-unit;
 - (c) temporary safe care, foster care, child and youth care centres sub-unit;
 - (d) orphans and vulnerable children sub-unit;
 - (e) adoptions sub-unit; and
 - (f) a social crime prevention services sub-unit.
- (3) The child care and protection unit must-
- (a) perform child care and protection services in of terms of the Act;

- (b) facilitate multi-disciplinary panel meetings;
- (c) maintain provincial profiles on partial care, prevention and early intervention services, child protection, adoption, child and youth care centres, and drop-in centres;
- (d) maintain historical and current up-to-date information on the status of all children in alternative care in the province;
- (e) monitor interventions rendered in respect of reported cases of child abuse, neglect, exploitation, child abandonment and violence against children;
- (f) maintain up-to-date records of reported cases of child abuse, neglect, exploitation, child abandonment and violence against children;
- (g) monitor and report on the implementation of the Act;
- (h) develop, maintain and manage the reporting procedures in respect of any death and serious injury of a child in:
 - (i) partial care;
 - (ii) child-headed household;
 - (ii) alternative care; and
 - (iii) drop-in centres.
- (i) maintain and manage the provincial child protection register at provincial level;
- (j) submit quarterly reports on the database of Part A and Part B of the Child Protection Register at provincial level to the national child protection Registrar
- (k) approve screened persons, facilities, places or premises to provide temporary safe care in terms of regulation 57;

- (l) manage and monitor an electronic reminder system for all children in alternative care; and
- (m) where applicable, manage, maintain and monitor a register of:
 - (i) all child and youth care centres in the province;
 - (ii) all cluster foster care schemes in the province;
 - (iii) all drop-in centres in the province;
 - (iv) all designated child protection organisations, including all adoption social workers in private practice in a province;
 - (v) all children living in child-headed households, placed in foster care, placed cluster foster care, temporary safe care, child and youth care centres;
 - (vi) all letters issued in terms of section 239(1)(d);
 - (vii) finalised children's court cases, final court reports, including adoption and inter-country adoption;
 - (viii) all court orders issued;
 - (ix) reviewed and extended court orders;
 - (x) persons, premises, facilities, and places approved to provide, foster care, cluster foster care, temporary safe care, child and youth care centres;
 - (xi) administrative orders, notices and determinations issued in terms of the Act; and
 - (xii) unaccompanied and separated migrant children who are in alternative care.

(4) The child care and protection unit may:

- (a) conduct research to establish trends, identify challenges and devise remedial actions; and

- (b) facilitate and conduct training and development for new recruits and social service practitioners rendering child care and protection services.
- (5) A child care and protection unit must be provided with at least:
 - (a) adequate office space;
 - (b) adequate facilities for persons with disabilities;
 - (c) adequate personnel;
 - (d) adequate tools of trade including laptop computers, communications devices and printing facilities; and
 - (e) adequate budget for purposes of delivering on its services or functions."

Amendment of regulation 56

7. By substitution of regulation 56 for the following:

56 Abandoned or orphaned children

"(1) If it appears to a designated social worker that a child has been abandoned or orphaned whether for purposes of determining if such child is in need of care and protection or if such child can be made available for adoption, such social worker must cause [an advertisement] a notice similar to FORM 38A to be: [published in at least one local newspaper circulating]

- (a) placed on a notice board at-
 - (i) the local offices of the provincial department of social development;
 - (ii) the local offices of the South African Social Security Agency;
 - (iii) the local municipal offices, in the area where the child has been found, and
- (b) published on the website of the provincial department of social development.

(2) The notice referred to in sub-regulation (1) must:

- (a) sufficiently identify the name and birth date of the child without disclosing the identity number of the child;
- (b) not display any picture of the child concerned;(c) provide the place at which the child was suspected to have been abandoned or found;
- (d) have descriptive features of the child; and
- (e) [calling upon any person to claim responsibility for the child] invite persons who claim responsibility for the child, to provide proof of their relationship to, and suitability to provide care and support for the child, to lodge the claim with the designated social worker.

(2) In determining whether a child has been abandoned or orphaned for purposes of section 150(1)(a) of the Act, a presiding officer must-

- (a) be satisfied that the child **[has been abandoned or orphaned]**:
 - (i) has been abandoned or orphaned;
 - (iii) (ii) is an unaccompanied migrant child from another country; and has been sold by a parent, care-giver or guardian.

(b) be furnished with proof that a copy of the **[advertisement] notice** contemplated in subregulation (1) and be satisfied that, for the purposes of-

- (i) section 150(1)(a) of the Act, a period of at least one month has lapsed since the publication of the **[advertisement]notice** contemplated in subregulation (1); or
- (ii) section 157(3) of the Act, a period of at least three months has lapsed since the publication of the **[advertisement] notice** and that no person has claimed responsibility for the child."

Amendment of regulation 56

8. The following regulations are inserted after regulation 56 of the Regulations:

“56A Screening, assessment, investigating, referring and placement of child in need of care and protection

A child who is found to be in need of care and protection as contemplated in section 32 read with section 150 of the Act (as amended), must be screened, assessed, and their circumstances investigated, and where relevant, referred to the relevant authorities and placed in accordance with the procedures set out in the regulations below.

56B Procedure for screening of a child

- (1) A child who is suspected to be in need of care and protection as contemplated in regulation 56A, shall:
- (a) reported to a social service practitioner practicing within the locality of where the child has been found;
 - (b) be screened by the social service practitioner in accordance with the social service norms and standards, guidelines and in accordance with the principles of ensuring the safety and the best interests of the child; and
 - (c) the screening report of the social service practitioner must be completed in a form similar to **Form 38B**;
- (2) A social service practitioner who is satisfied that there is a risk that the child referred to in this regulation, may be in need of care and protection and is a child that requires further assessment, shall refer that child to a designated social worker in accordance with the form similar to **FORM 38C**.

56C Procedure, form and manner for assessment of a child

- (1) A designated social worker referred to in regulation 56B(2) must in accordance the requirements of section 155, 156, and 157 of Act:
- a) assess the child referred by the social service practitioner to determine the needs of the child as contemplated; and
 - b) assess whether there are any developmental, therapeutic and other needs of the child.
- (2) The designated social worker must, if satisfied that the child is indeed in need of care and protection investigate the personal and social circumstances of the child in accordance with section 155(2) of the Act.

56D Referral of the child to relevant authorities and services

- (1) The designated social worker must, where required:
- (a) refer the case of the child to the police services for criminal investigations; or
 - (b) refer the child to the relevant health services institution; or
 - (c) refer the child to the relevant psycho-social service provider; or
 - (d) refer the child to any other suitable person for further assessment and intervention, utilising a referral form similar to **FORM 38D**.
- (2) A designed social worker must after having received reports from the persons referred to I sub-regulation (1) above, must:
- (a) submit the prescribed report in a form similar to **Form 38** to the children's court for a hearing in line with section 45(1)(a) of the Act; and
 - (b) ensure that the directives of the children's court in relation to the further placement of the child are recorded in the case file of the child.

56E Manner and procedure of placing a child in need of care and protection

(1) A designated social worker shall subject to the directives and orders of the children's court and as contemplated in the provisions of sections, 155, 156, 157, 158, 159 and 186 of the Act, place the child accordingly.

(2) A designated social worker shall confirm her placement of the child as contemplated in sub-regulation (1) by completing the form similar to **FORM 38E**.

56F Monitoring and supervision of services to a child

A child placed in accordance with the provisions of regulation 56E must:

- (a) be monitored and supervised as contemplated in the Act;
- (b) be provided with the designated child protection services as contemplated in the Act;
- (c) be afforded the participation in relevant programmes aimed at early-intervention, independent living and other developmental, therapeutic and psycho-social, re-integration and re-unification programmes determined to in the best interests of the child.

56G Management of the duration of alternative care orders

(1) A designated social worker, where an order placing the child in alternative care is about to lapse, must within 90-days of the lapsing of such order:

- (a) assess the child to determine progress made regarding the care and protection of the child;
- (b) make a recommendation to the children's court regarding the possible extension of the placement order; and
- (c) where required, ensure that the child and any other person required as directed by the children's court, is brought to the children's court for any hearing of the matter.

(2) A designated social who is required to report to the children's court

regarding the possible extension of a foster care order, must within 90-days:

- (a) compile a report in the form similar to **FORM 38F**; and
 - (b) provide in the report referred to in (a), the findings, circumstances and the reasons for the recommendations made in respect of any extension of the alternative care order.
- (3) The provincial head of social development shall ensure:
- (a) that the relevant designated social worker complies with the provisions of section 159 in respect of a foster care order that is about to, or has lapsed; and
 - (b) that no child whose foster care order has lapsed, is discharged without an order of the children's court.

56H Prohibition of departure of a child in alternative care from the Republic

(1) A provincial head of social development who is requested to approve the travel of a child in alternative care out of the Republic:

- (a) must issue such approval only after considering a report of the relevant designated social worker in regard to the travel arrangements and the return of the child;
- (b) shall obtain the details and itinerary of the planned travel of the child including the persons accompanying the child, the safety and the care and protection measures for child in the destination country; and
- (c) may request further information to be furnished by the person seeking the travel of the child before granting the approval requested.

- (2) The terms and conditions of granting approval for the travel of a child in alternative care out of the Republic, may include:
- (a) the period within which the child is required to be returned to the Republic;
 - (b) the foster parent or the person responsible for the travel of the child would be required to present the relevant page of the passport confirming that the child has been returned;
 - (c) the foster parent or the person responsible for the travel of the child would be required to present a written report regarding any incidents relating to the safety, health and care of the child to the designated social worker; and
 - (d) where necessary, present the child in person at the offices of the designated social worker.”

CHAPTER 13

FOSTER CARE

Part II

Cluster Foster Care

Amendment of regulation 67 of the Regulations

9. Regulation 67 is hereby amended as follows:

“67 Requirements for approval of a designated child protection organisation and provincial department to manage and provide cluster foster care

(1) No organisation shall manage any cluster foster care scheme unless such organisation

(a) is a designated child protection organisation [registered as a non-profit organisation in terms of the Non-profit Organisations Act, 1997 (Act 71 of 1997)]; and

(b) has been approved by the provincial head of social development to provide cluster foster care.

(2) Prior establishment of the additional cluster foster care scheme services in a province the management of a designated child protection organisation must:

(a) consult the relevant provincial head of social development; and

(3) No construction of the buildings of a cluster foster care prior to obtaining the written approval contemplated in sub-regulation (1)(b).

(4) In the event that a cluster foster care scheme is constituted of existing homes, such envisaged cluster foster care scheme shall be approved only if the said houses are community-based with separate addresses.”

Amendment of regulation 69

10. The following is substituted for subregulation 69(1) of the Regulations-

“69 Functioning and management of cluster foster care scheme

(1) A [non-profit organisation] provincial department of social development or a designated child protection organisation managing or operating a cluster foster care scheme must, in respect of schemes under its management or operation-

(a) keep proper financial records of all social assistance and other monies received for the provision of social services for the support of the foster children placed in such scheme by a children's court; and

(b) operate or be managed according to a written plan or agreement containing details-

(i) of the financial management, the programmes and services to be delivered in terms of that plan or agreement;

(ii) on how disputes concerning the management, operation or day to day functioning of the scheme are to be resolved, and how decisions are to be taken regarding transfer of children between, or placement with, *active member in a cluster foster care scheme* assigned responsibility for foster children;

(iii) on the management of the behaviour of children in cluster foster care, and must include a prohibition of any form of violence, child abuse, neglect and exploitation, physical punishment, humiliating or degrading forms of discipline of such children; and

(iv) relating to mechanism by which foster children in a cluster foster care scheme can report any complaint regarding violence, child abuse, neglect and exploitation [.];

(vii) database of all the active members who are part of the cluster foster care scheme.”

Amendment of regulation 71

11. Regulation 71 is amended-

(1) by renumbering regulation 71 by inserting subregulation 71(1) as follows:

“71 Provision of services by cluster foster care scheme

(1) A cluster foster care scheme must promote the best interests of the children in cluster foster care by providing services which-

(a) provide support, mentoring, supervision and advice to caregivers (foster parent/ active members of **cluster foster care scheme** to whom responsibility for foster care of a child or children in the cluster foster care scheme has been assigned;

(b) require the care-givers (foster parents/active members of a cluster foster care scheme to whom responsibility for foster care of children has been assigned to:

(i) ensure that the children in cluster foster care benefit from educational recreational, developmental, therapeutic, psycho-social support and health services, including early childhood development services;

(ii) provide services for children with special needs in cluster foster care, including chronic illness or a disability, by providing psychological, rehabilitation and therapeutic programmes for children with such needs;

(iii) ensure that the rights of children in cluster foster care are respected, protected, promoted and fulfilled; and

(iv) fulfil the social, cultural, gender, sexual orientation, race and religious needs of any child in cluster foster care;

(c) assist the active members of an organisation to whom responsibility for foster care of children has been assigned to obtain the basic necessities of life themselves, including by providing access to income-generation projects and skills development programmes as appropriate;

- (d) ensure that a foster care plan as contemplated in section 188(1)(e) of the Act is compiled in respect of each child in cluster foster care, as soon as possible, but not later than 21 days after the child's placement in the cluster foster care scheme;
- (e) develop appropriate parenting skills and the capacity of active members of an organisation to safeguard the well-being of the children, including the promotion of positive, non-violent forms of discipline;
- (f) prevent the violence, child abuse, neglect and exploitation, inadequate supervision of children or other failures to meet children's needs on the part of active members of an organisation; (g) assist a young person with the transition when leaving cluster foster care after reaching the age of 18; and
- (h) involve active members of a cluster foster care scheme, as well as the children in cluster foster care, in identifying and seeking solutions to their problems[.];
- (i) assist a young person with the transition when leaving cluster foster care after reaching the age of 18; and
- (j) rehabilitation, reconstruction, reunification, re-integration and where applicable repatriation of the child.

(2) by insertion of the following after regulation 71(1):

“(2) A cluster foster care scheme must keep a record of the movement of foster children amongst the active members.

(3) a registered cluster foster care scheme can have more than six children but not more than 60 children per scheme.

(4) The provisions of subregulation (3) shall not apply for siblings that require to be placed in foster care as prescribed in section 185(1)(a) of the Act.”

Short Title

12. These Regulations are called the Amendment Regulations Regarding Children, 2023.

ANNEXURE A

SCHEDULE OF PROPOSED FORMS

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 <input type="checkbox"/> friend <input type="checkbox"/> Professional (specify) | | | |
| <input type="checkbox"/> Other (specify) | | | |
| Date Reported to DSD/SAPS/CPO: | DD | MM | CCYY |
| | | | |
| 1. INFORMANT: (DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE) | | | |

| | | | | | | |
|-----------------------------|----------|----------|-------------------------------|-----------|-----------|-------------|
| Surname | | | Full name(s) | | | |
| Gender: | M | F | Date of Birth: | DD | MM | CCYY |
| | | | | | | |
| Age / Estimated Age: | | | Relationship to Child: | | | |
| * ID no: | | | * Passport no: | | | |
| Contact no: | | | | | | |

| | | | | | | |
|--|-------------------|-------------------------------|-------------------------------------|-----------------------------|-----------|-------------|
| 2. CHILD: (COMPLETE PER CHILD) | | | | | | |
| Surname | | | Full name(s) | | | |
| Gender: | M | F | Date of Birth: | DD | MM | CCYY |
| | | | | | | |
| * ID no: | | | * Passport no: | | | |
| * Disability: | Applicable | Not Applicable | * Disability Type: | | | |
| Contact No: | | | | | | |
| School Name: | | | Grade: | Age / Estimated Age: | | |
| Residential Address of the Child: | | | Postal Address of the Child: | | | |
| Province: | | District Municipality: | | Local Municipality: | | |

| 3. PARENTS/CARE GIVER OF CHILD (If other than above) | | | | | | |
|--|----|------------|------|-----------------|-------------------|---|
| Surname: Mother / Care-giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Surname: Father / Care-giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact Number: | | | | | | |
| Names and ages of siblings or other children if helpful for tracking | | | | | | |
| Surname | | Full names | | | Age/Date of birth | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Residential Address (include postal code): | | | | Postal Address: | | |
| | | | | | | |

| | | |
|------------------|-------------------------------|----------------------------|
| | | |
| Province: | District Municipality: | Local Municipality: |
| | | |

| | |
|---|--|
| 4. NATURE OF REPORT | |
| <input type="checkbox"/> Child abuse <input type="checkbox"/> Child labour <input type="checkbox"/> Child trafficking <input type="checkbox"/> Child living and working on the street <input type="checkbox"/> Commercial sexual exploitation <input type="checkbox"/> Exploited children <input type="checkbox"/> Child abduction <input type="checkbox"/> Child abandonment | |

| | |
|--|--------------------------|
| 6. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD | |
| Surname: | Name: |
| Physical address: | Telephone number: |
| Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: | |

| | | | | | | |
|-------------------------------|-----------|-----------|-------------|----------------------------------|----------|----------|
| 5. ALLEGED PERPETRATOR | | | | | | |
| 5.1) Surname | | | | Full Name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID No: | | | | Age: | | |
| * Passport No: | | | | * Drivers license number: | | |
| | | | | | | |

| | |
|--|--|
| <p>Also known as:</p> <p>Street Address (include postal code):</p> <p>Postal Code:</p> | <p>Relationship to child:</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather</p> <p><input type="checkbox"/> Grandmother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother</p> <p><input type="checkbox"/> Foster father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle</p> <p><input type="checkbox"/> Foster mother <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver</p> <p><input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/volunteer</p> <p><input type="checkbox"/> Other (specify) _____</p> |
| <p>5.2) WHEREABOUTS OF ALLEGED PERPETRATOR:</p> <p><input type="checkbox"/> Section 153 (Request for removal by SAPS) <input type="checkbox"/> Still in home</p> <p><input type="checkbox"/> In hospital (Name/Place.....)</p> <p><input type="checkbox"/> In detention (Name/Place.....)</p> <p><input type="checkbox"/> Living somewhere else (Address.....)</p> <p><input type="checkbox"/> Whereabouts unknown <input type="checkbox"/> Un-identified</p> | |

| 6. ABUSE | | | | | | | | |
|-------------------|----|------|--|----------|----|------------------|----|------|
| Date of Incident: | | | If date unknown (mark with X here): | Episodic | | Reported to CPR: | | |
| DD | MM | CCYY | | Yes | No | 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"/> After school centre <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Private hostel <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care <input type="checkbox"/> temporary respite care <input type="checkbox"/> Other (specify) _____ | | | |
| 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) | | | |
| <u>PHYSICAL:</u> <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 Behavioral or physical (specify) | | | |
| <u>EMOTIONAL:</u> <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) | | | |
| <u>SEXUAL:</u> <input type="checkbox"/> Contact abuse (touching, undressing) <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"/> Irritation, pain, injury to genital <input type="checkbox"/> Non-contact abuse (flashing, peeping) <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify) _____ | | | |
| <u>DELIBERATE NEGLECT:</u> <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 <input type="checkbox"/> Child living and begging on the street | | | |
| 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) Where applicable, tick the secondary type of abuse or 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) | | | |
| | | | |
| | | | |
| 7. MEDICAL INTERVENTION (*) | | | |
| Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse | Treatment received: <input type="checkbox"/> Yes <input type="checkbox"/> No | Where (name of hospital, clinic, private doctor): _____ | Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment |

| | | | |
|-----------------|-----------------|-----------------|--|
| | | | <input type="checkbox"/> As temporary safe care (place of safety) |
| Contact person: | Contact person: | Contact person: | Contact person: |
| Telephone No: | Telephone No: | Telephone No: | Telephone No: |

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

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

| | | |
|--|----------------|------------------|
| 10. CHILD KNOWN TO DESIGNATED CHILD PROTECTION ORGANISATION (DCPO)/ SOCIAL DEVELOPMENT (DSD)? | | |
| 10.1) Child known to DCPO/DSD: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of DCPO/DSD Office: | Contact number | Reference number |
| | | |

| | | |
|---|--------------------------|--------------------------|
| 11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a professional or mandatory obliged to report child abuse in terms of Section 110(1)) | | |
| | | |
| Surname: | Name: | Name of employer: |
| | | |
| CAPACITY | | |
| Employer Address | Work Telephone Nr | Fax Number |
| | | |
| Email Address | | |
| | | |

(*) = Complete if information is available or applicable

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

Signature of official: _____

Date: _____



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 THE REGISTRAR

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 Parent <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> Neighbour <input type="checkbox"/> friend <input type="checkbox"/> Professional (specify) | | | | | | |
| <input type="checkbox"/> Other (specify) | | | | | | |
| Date Reported to child protection organisation: | | | | DD | MM | CCYY |
| 3. INFORMANT: (DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE) | | | | | | |
| Surname | | | Full name(s) | | | |
| Gender: | M | F | Date of Birth: | DD | MM | CCYY |
| | | | | | | |
| Age / Estimated Age: | | | Relationship to Child: | | | |

| | |
|--------------------|-----------------------|
| | |
| * ID no: | * Passport no: |
| Contact no: | |

| 2. CHILD: (COMPLETE PER CHILD) | | | | | | |
|--------------------------------|----------|-------------------------------|-----------------------|----------------------------|-----------------------------|-------------|
| Surname | | | Full name(s) | | | |
| Gender: | M | F | Date of Birth: | DD | MM | CCYY |
| | | | | | | |
| School Name: | | | Grade: | | Age / Estimated Age: | |
| Province: | | District Municipality: | | Local Municipality: | | |
| * ID no: | | | * Passport no: | | | |
| Contact no: | | | | | | |

| 3. DISABILITY (*) | |
|--|---|
| Disability: | Type |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Physical disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental disability: <input type="checkbox"/> Developmental <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other(specify) |

| | | | | | | |
|--|----|---|------|--------------|-------------------|---|
| 4. CHRONIC ILLNESS (*) | | | | | | |
| Chronic illness: | | Nature | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Diabetic <input type="checkbox"/> Cancer <input type="checkbox"/> Liver <input type="checkbox"/> HIV/ Aids <input type="checkbox"/> Epileptic <input type="checkbox"/> Tuberculoses <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Other(Specify) | | | | |
| 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 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: | |

| | |
|---|-----------------------|
| | |
| 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. NATURE OF REPORT |
| <input type="checkbox"/> child abuse <input type="checkbox"/> Child labour <input type="checkbox"/> Child trafficking <input type="checkbox"/> Street child <input type="checkbox"/> Child living and begging on the street <input type="checkbox"/> Commercial sexual exploitation <input type="checkbox"/> Exploited children <input type="checkbox"/> Child abduction |

| | |
|--|--------------------------|
| 8. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD | |
| Surname: | Name: |
| Address: | Telephone number: |
| Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: | |

| |
|--------------------------|
| 9. ALLEGED ABUSER |
|--------------------------|

| | | | | | | |
|--|-----------|-----------|-------------|---|-----------|-------------|
| 9.1) 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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Foster mother <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) | | |
| Street Address (include postal code): | | | | | | |
| Postal Code: | | | | | | |
| 9.2) 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 | | | | | | |
| 9.3 ABUSE HAS BEEN CONFIRMED: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Date | DD | MM |
| | | | | | | CCYY |

Type: Physical Emotional Sexual Deliberate Neglect

| 10. ABUSE | | | | | | | | |
|---|----|------|------------------------------------|----------|----|------------------|----|------|
| Date of Incident: | | | If date unknown(mark with X here): | Episodic | | Reported to CPR: | | |
| DD | MM | CCYY | | Yes | No | 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"/> After school centre <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Private hostel <input type="checkbox"/> Foster home <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Temporary safe care <input type="checkbox"/> Other (specify) | | | | | | | | |

| 10.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent) | | | |
|---|-----------|--------|--------------------|
| Physical | Emotional | Sexual | Deliberate neglect |

| 10.2) INDICATORS (Check any that apply) | | |
|---|--|---|
| <p><u>PHYSICAL:</u> <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures</p> <p><input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries</p> <p><input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries</p> | | |
| <input type="checkbox"/> No visible injuries (elaborate) | <input type="checkbox"/> Poisoning (specify) | <input type="checkbox"/> Other Behavioral or physical (specify) |

| |
|---|
| <p><u>EMOTIONAL:</u> <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behavior <input type="checkbox"/> Self-mutilation; obsessive behavior <input type="checkbox"/> Neglect of personal hygiene <input type="checkbox"/> Age of child demonstrating socially inappropriate sexual behaviour or knowledge <input type="checkbox"/> Active or passive bullying <input type="checkbox"/> Unwillingness or fearfulness to undress or wearing layers of clothing <input type="checkbox"/> Irritability <input type="checkbox"/> Deprivation of affection</p> |
|---|

| |
|--|
| <input type="checkbox"/> Persistent fear of familiar people or situations <input type="checkbox"/> Sadness <input type="checkbox"/> Suicidal actions or behavior <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): |
| <u>SEXUAL:</u> <input type="checkbox"/> Contact abuse (touching, undressing) <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) |
| <u>DELIBERATE NEGLECT:</u> <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 <input type="checkbox"/> Child living and working on the street |
| <u>CHILD EXPLOITATION:</u> <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Child labour <input type="checkbox"/> Exposure to pornographic material <input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> sexual grooming <input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Child trafficking <input type="checkbox"/> child marriage |
| 10.3) Indicate overall degree of Risk to child: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown |
| 10.4) When applicable, tick the secondary type of abuse or 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) | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 11. MEDICAL INTERVENTION (*) | | | |
|---|---|---|--|
| Examined by: <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse | Treatment received <input type="checkbox"/> Yes <input type="checkbox"/> No | Where (name of hospital, clinic, private doctor) | Hospitalised: <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety |
| Contact person | Contact person | Contact person | Contact person |
| | | | |
| Telephone number | | | |
| | | | |

| 12. 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 | | | Where to (place) |
| DD | MM | CCYY | |
| -Removal of child already in alternative care (Section 173): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Date | | | Where to (place) |
| DD | MM | CCYY | |
| - Provisional transfer from alternative Care (Section 174): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Date | | | Where to (place) |
| DD | MM | CCYY | |
| Other (specify): | | | |

| | | | | | | |
|--|--|--|--|--|--------------|------|
| 13. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*) | | | | | | |
| Reported to SAPS: | | Charges laid: | | Date | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | DD | MM | CCYY |
| CASE NR | | Police Station | | | Telephone Nr | |
| Name of Police Officer | | | | Rank of Police Officer | | |
| 13.1) Police intervention: <input type="checkbox"/> None | | | | 13.2) Offender guilty of previous abuse: | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|--|-----------------------------|----|------|
| <input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact <input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation | If Yes, Type of conviction: | | |
| | Date: | | |
| | DD | MM | CCYY |

| | |
|--|---------------------------------------|
| 14. 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 | |

| 15. 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) |
| 15.1) 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 | | | | | | | |
| <input type="checkbox"/> personality disorder | | | | | | | |
| <input type="checkbox"/> intellectual limitation | | | | | | | |
| <input type="checkbox"/> abused in childhood | | | | | | | |
| 15.2) Child | If child is known to Child Protection Organization | | | | | | |
| | Current situation | | Deterioration | | Improvement | | Unchanged |
| | Yes | No | Slight | Significant | Slight | Significant | |
| <input type="checkbox"/> unwanted | | | | | | | |
| <input type="checkbox"/> premature | | | | | | | |
| <input type="checkbox"/> disabled | | | | | | | |
| <input type="checkbox"/> behaviour problem/ provocative | | | | | | | |
| <input type="checkbox"/> other | | | | | | | |

| | | |
|--------------------------|--|---|
| 15.3) Environment | | If child is known to Child Protection Organization |
|--------------------------|--|---|

| | Current situation | | Deterioration | | Improvement | | Unchanged |
|--|-------------------|----|---------------|-------------|-------------|-------------|-----------|
| | Yes | No | Slight | Significant | Slight | Significant | |
| <input type="checkbox"/> unemployment | | | | | | | |
| <input type="checkbox"/> social isolation | | | | | | | |
| <input type="checkbox"/> housing: I = informal F = Formal | I | F | | | | | |
| <input type="checkbox"/> finances: U=unemployed E=employed | U | E | | | | | |
| <input type="checkbox"/> other | | | | | | | |

| 15.4) Services provided | By (Name of service provide) | Date: From-to |
|---|------------------------------|---------------|
| <input type="checkbox"/> psychiatric/psychological assessment | | |
| <input type="checkbox"/> psychiatric treatment | | |
| <input type="checkbox"/> counseling | | |
| <input type="checkbox"/> medical treatment | | |
| <input type="checkbox"/> health care workers | | |
| <input type="checkbox"/> parent education courses | | |
| <input type="checkbox"/> parents/ self help group | | |
| <input type="checkbox"/> volunteer support | | |
| <input type="checkbox"/> home community base care | | |
| <input type="checkbox"/> child and youth care worker | | |

| | | |
|---|--|--|
| <input type="checkbox"/> foster care | | |
| <input type="checkbox"/> day care | | |
| <input type="checkbox"/> substance abuse treatment | | |
| <input type="checkbox"/> material needs/ financial assistance | | |
| <input type="checkbox"/> housing | | |
| <input type="checkbox"/> employment | | |
| <input type="checkbox"/> child taken into care | | |
| <input type="checkbox"/> other | | |
| <input type="checkbox"/> none (give reasons) | | |

| |
|--|
| 15.5) Evaluation of case |
| |
| 15.6) Planning for family and child at risk |
| |
| 15.7) Recommendation |
| |

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

| | | | |
|--|----------|-------------------------------|---|
| 16. 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 |

| | | |
|---|------------------------------|-------------------|
| 17. 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 25 (Children's Court)

NOTIFICATION OF 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 Registrar of the National Child Protection Register
 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 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: | | | Postal Address: | | | |

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| | | | |
|----------------------|-------------------|-------------------------------|-------------------------------|
| | | | |
| Province: | | District Municipality: | |
| | | Local Municipality: | |
| | | | |
| * Disability: | Applicable | Not Applicable | Disability type: _____ |

(* - Complete where available or applicable)

| 2. FOR COMPLETION IN CASE OF FINDING OF CHILDREN'S COURT (Section 114(1)(c)) | | | | | | |
|--|-----------|-----------|-------------|---------------------|----------|----------|
| PARENTS OF CHILD INFORMATION | | | | | | |
| Surname: Mother / Caregiver | | | | Full name(s) | | |
| | | | | | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| | | | | | | |
| Contact Number: | | | | | | |
| | | | | | | |
| Surname: Father / Caregiver | | | | Full name(s) | | |
| | | | | | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| | | | | | | |
| Contact number: | | | | | | |
| | | | | | | |

| | |
|--|------------------------|
| Physical Address: | Postal address: |
| IF CAREGIVER – Relationship to the child: | |
| Contact number: | |

| 3. ALLEGED OFFENDER INFORMATION | | | | | | |
|---------------------------------|-----------|-------------------------------|------------------------|----------------------------|----------|----------|
| Surname: | | | Names: | | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID Number: | | | Age: | | | |
| Physical Address: | | | Postal address: | | | |
| Province: | | District Municipality: | | Local Municipality: | | |
| | | | | | | |
| Relationship to child: | | | | | | |
| Telephone number: | | | Mobile: | | | |
| | | | | | | |
| Offence: | | | | | | |
| | | | | | | |

| | | | |
|-------------------------------|-----------|-----------|-------------|
| Date of offence | DD | MM | CCYY |
| | | | |
| Date offence reported | DD | MM | CCYY |
| | | | |
| Date of court finding: | DD | MM | CCYY |
| | | | |

| | |
|--|---------------------------------|
| 4. COURT DETAILS | |
| Name of Children's Court: | |
| Children's Court Case number: | |
| Address of Children's Court: | Postal Address of Court: |
| Telephone number of Court: | |
| Court details in which findings were made: | |
| Information on outcome of finding (nature of order made by children's court in terms of section 46 and /or 156 of the Act): | |

| | |
|-------------------------|-------------|
| 5. SAPS DETAILS | |
| Name of Police Station: | |
| Physical Address: | |
| CAS/CR/MAS/MR No: | Case No: |
| Investigating officer: | Contact No: |

| |
|--|
| 6. ATTACHED DOCUMENTS: |
| The following additional information is attached: |
| <input type="checkbox"/> report by social worker / other professional (if available) |
| <input type="checkbox"/> court order |
| <input type="checkbox"/> court minutes |

Yours sincerely

 (Signature of registrar or clerk of the court).

 Date

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

FORM 25 (Convictions)**NOTIFICATION OF CONVICTIONS 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 Registrar of the National Child Protection Register
 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. 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: | |
| * Disability: | Applicable | Not Applicable | Disability type: _____ |
| Physical Address: | | Postal Address: | |
| Province: | | District Municipality: | Local Municipality: |

| 2. PARENTS/CARE GIVER OF CHILD | | | | | | |
|-------------------------------------|-----------|-----------|-------------|---------------------|----------|----------|
| Surname: Mother / Care giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Surname: Father / Care-giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |

| | | |
|---|-------------------------------|----------------------------|
| Contact number: | | |
| Residential Address (include postal code): | | Postal Address: |
| Province: | District Municipality: | Local Municipality: |

(* - Complete where available or applicable)

| | | | |
|--|-------------------------------|--|--|
| 3. 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: | |
| Postal Address: | | | |
| Province: | District Municipality: | Local Municipality: | |
| SA Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Nationality: | |
| Gender: | M | F | Occupation of convicted person: |
| Identification no: | | * Passport no: | |

| | | | | | |
|-------------------------------------|--|--------------------------------------|-----------|-----------|-------------|
| | | | | | |
| *Driver's license no: | | * Prisoner identification no: | | | |
| Court details: | | | | | |
| Court Name: | | | | | |
| Court Type: | | Court Case no: | | | |
| Court Address: | | Court Postal 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 |

| | |
|-------------------------|-------------|
| 4. SAPS DETAILS | |
| Name of Police Station: | |
| Physical Address: | |
| CAS/CR/MAS/MR No: | Case No: |
| Investigating officer: | Contact No: |

| | |
|--|--|
| 5. APPEAL AGAINST OR REVIEW OF THE CONVICTION | |
| Appeal approved by the court: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, Complete the following: | |
| <input type="checkbox"/> has been lodged by the convicted person on ...DD... /...MM.... /...CCYY .. (date); | |
| <input type="checkbox"/> is likely to be lodged by the convicted person; | |
| <input type="checkbox"/> has not been lodged by the convicted person | |

(* - Complete where available or applicable)

6. ATTACHED DOCUMENTS:**The following additional information is attached:**

- report by social worker / other professional (if available)
- court order
- court minutes

Yours sincerely

(Signature of registrar or clerk of the court)_____
(Date)

Telephone number of Court: _____

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

FORM 27A (SAPS)**NOTIFICATION OF CONVICTIONS FOR INCLUSION IN PART B OF NATIONAL CHILD PROTECTION REGISTER**

(Regulation 42A)

[SECTION 122 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Registrar of the National Child Protection Register
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

In terms of section 122 (1A) of the Children's Act, (No. 38 of 2005), you are hereby advised that a conviction has been made by a court that a certain person is unsuitable to work with children in terms of section 120 (4), (4A) and (5). 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: | | | |

| | | | |
|-------------------------------------|-------------------------------|--------------------------------|--|
| * Driver's license no: | | * Prisoner Identity no: | |
| Last known physical address: | | Postal Address: | |
| Province: | District Municipality: | Local Municipality: | |

| | | | | | | |
|-----------------------------------|-------------------|-----------------------|-------------------------------|-----------|-----------|-------------|
| 2. 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: | | | |
| * Disability: | Applicable | Not Applicable | Disability type: _____ | | | |
| Physical Address: | | | Postal Address: | | | |

| | | |
|------------------|-------------------------------|----------------------------|
| | | |
| Province: | District Municipality: | Local Municipality: |
| | | |

| | |
|--------------------------------|--------------------|
| 3. SAPS DETAILS | |
| Name of Police Station: | |
| | |
| Physical Address: | |
| | |
| CAS/CR/MAS/MR No: | Case No: |
| | |
| Investigating officer: | Contact No: |
| | |

| | |
|--|-----------------------|
| 4. COURT DETAILS | |
| Court details which convicted the offender: | |
| Court Name: | |
| | |
| Court Type: | Court Case no: |
| | |

| | | | | |
|---|------------------------------|-----------|-----------|-------------|
| Court Address: | | | | |
| 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 |
| Guilty: <input type="checkbox"/> Yes <input type="checkbox"/> No | * Name of the Prison: | | | |

| | |
|--|--|
| 5. APPEAL AGAINST OR REVIEW OF THE CONVICTION | |
| Appeal approved by the court: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Complete the following: | |
| <input type="checkbox"/> has been lodged by the convicted person on ...DD... /...MM..../...CCYY... (date); | |
| <input type="checkbox"/> is likely to be lodged by the convicted person; | |
| <input type="checkbox"/> has not been lodged by the convicted person | |

| |
|---|
| 6. ATTACHED DOCUMENTS: |
| The following additional particulars are attached: |
| <input type="checkbox"/> court order |
| <input type="checkbox"/> Court minutes (proceedings) |

Yours sincerely

(Signature of official)

(Date)

| |
|-----------------------|
| Official Stamp |
|-----------------------|

FORM 28 (Courts)**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 Registrar of the National Child Protection Register
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

In terms of section 122(1)(a) – (b) of the Children's Act, (No. 38 of 2005), you are hereby advised that a finding has been made by a court 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: | | | |

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| | | | |
|-------------------------------------|-------------------|--------------------------------|---------------------------------|
| | | | |
| * Driver's license no: | | * Prisoner Identity no: | |
| * Disability | Applicable | Not Applicable | * Disability Type: _____ |
| Last known physical address: | | Postal Address: | |
| | | | |
| Province: | | District Municipality: | Local Municipality: |
| | | | |

| | | | | | | |
|-----------------------------------|-------------------|-----------------------|---------------------------------|-----------|-----------|-------------|
| 2. 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: | | | |
| | | | | | | |
| * Disability | Applicable | Not Applicable | * Disability Type: _____ | | | |
| | | | | | | |

| | | |
|--------------------------|-------------------------------|----------------------------|
| Physical Address: | | |
| Province: | District Municipality: | Local Municipality: |

| 3. PARENTS/CARE GIVER OF CHILD | | | | | | |
|---|-----------|-----------|-------------|------------------------|----------|----------|
| Surname: Mother / Care giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Surname: Father / Care-giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Residential Address (include postal code): | | | | Postal Address: | | |

| | | | |
|------------------|-------------------------------|----------------------------|--|
| | | | |
| Province: | District Municipality: | Local Municipality: | |
| | | | |

| | |
|--------------------------------|--------------------|
| 4. SAPS DETAILS | |
| Name of Police Station: | |
| | |
| Physical Address: | |
| | |
| CAS/CR/MAS/MR No: | Case No: |
| | |
| Investigating officer: | Contact No: |
| | |

| | |
|---|-----------------------|
| 5. COURT DETAILS | |
| Court details which made finding of unsuitability: | |
| | |
| Court Name: | |
| | |
| Court Type: | Court Case no: |
| | |
| Court Address: | |
| | |

| | | | | | |
|---|--|----------------------------|-----------|-----------|-------------|
| Brief summary of reasons for findings: | | | | | |
| 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 |
| | | Date of finding: | DD | MM | CCYY |
| Guilty: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | |
|---|--|
| 6. APPEAL AGAINST OR REVIEW OF THE FINDING: | |
| Appeal/review 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; | |

has not been lodged by the above-mentioned person

7. ATTACHED DOCUMENTS:

The following additional particulars are attached:

fingerprints of person *

photograph of person *

court order

Court minutes (proceedings)

Yours sincerely

(Signature of registrar or clerk of the court)

Telephone No. _____

(Date)

Official Stamp

FORM 28 (Forum)**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 Registrar of the National Child Protection Register
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

In terms of section 122(1)(a) – (b) of the Children's Act, (No. 38 of 2005), you are hereby advised that a finding has been made by an 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: | | | |
| * Driver's license no: | | | | | | |

| | | | |
|-------------------------------------|-------------------------------|----------------------------|-------------------------|
| * Disability | Applicable | Not Applicable | Disability Type: |
| Last known physical address: | | Postal Address: | |
| Province: | District Municipality: | Local Municipality: | |

| | | | | | | |
|-----------------------------------|-------------------|-----------------------|-------------------------------|-----------|-----------|-------------|
| 2. 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: | | | |
| * Disability: | Applicable | Not Applicable | Disability type: _____ | | | |
| Physical Address: | | | Postal Address: | | | |

| | | |
|------------------|-------------------------------|----------------------------|
| | | |
| Province: | District Municipality: | Local Municipality: |

| 3. PARENTS/CARE GIVER OF CHILD | | | | | | |
|---|-----------|-----------|-------------|------------------------|----------|----------|
| Surname: Mother / Care giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Surname: Father / Care-giver | | | | Full name(s) | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| Contact number: | | | | | | |
| Residential Address (include postal code): | | | | Postal Address: | | |
| | | | | | | |

| | | | |
|------------------|-------------------------------|----------------------------|--|
| | | | |
| Province: | District Municipality: | Local Municipality: | |
| | | | |

| | | | | |
|--|-----------|------------------------|-------------|-----------|
| 4. Forum details which made finding of unsuitability: | | | | |
| Forum Name: | | | | |
| | | | | |
| Forum Case no: | | | | |
| | | | | |
| Forum Physical Address: | | Postal address: | | |
| | | | | |
| Brief summary of reasons for findings: | | | | |
| | | | | |
| Date of offence | DD | MM | CCYY | DD |
| | | | | |

| | | | | |
|---|-----------|-----------|-------------|-----------|
| Place of offence (e.g. child's home) | | | | |
| | | | | |
| Date reported | DD | MM | CCYY | DD |
| | | | | |
| Date of finding: | DD | MM | CCYY | DD |
| | | | | |

| | |
|--|--|
| 5. APPEAL AGAINST OR REVIEW OF THE FINDING: | |
| Appeal/review 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 | |

| |
|---|
| 6. ATTACHED DOCUMENTS: |
| The following additional particulars are attached: |
| <input type="checkbox"/> minutes of administrative forum |
| <input type="checkbox"/> I.D. copy of person (in terms of administrative forum) |

Yours sincerely

(Convener of administrative forum)

Telephone No. _____

(Date)



FORM 28 (SAPS)**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 Registrar of the National Child Protection Register
 Department of Social Development
 Private Bag X901
 Pretoria
 0001

In terms of section 122 (1A) of the Children's Act, (No. 38 of 2005), you are hereby advised that a conviction/finding has been made by a court that a certain person is unsuitable to work with children in terms of section 120 (4), (4A) and (5). 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: | | | |

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| | | | | | |
|-------------------------------------|-------------------|-----------------------|---------------------------------|--|----------------------------|
| | | | | | |
| * Driver's license no: | | | * Prisoner Identity no: | | |
| * Disability | Applicable | Not Applicable | * Disability Type: _____ | | |
| Last known physical address: | | | Postal Address: | | |
| Province: | | | District Municipality: | | Local Municipality: |

| | | | | | | |
|-----------------------------------|-------------------|-----------------------|-------------------------------|-----------|-----------|-------------|
| 2. 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: | | | |
| * Disability: | Applicable | Not Applicable | Disability type: _____ | | | |

| | | | |
|--------------------------|-------------------------------|----------------------------|--|
| Physical Address: | | Postal Address: | |
| | | | |
| Province: | District Municipality: | Local Municipality: | |
| | | | |

| 3. PARENTS/CARE GIVER OF CHILD | | | | | | |
|-------------------------------------|-----------|-----------|-------------|---------------------|----------|----------|
| Surname: Mother / Care giver | | | | Full name(s) | | |
| | | | | | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| | | | | | | |
| Contact number: | | | | | | |
| | | | | | | |
| Surname: Father / Care-giver | | | | Full name(s) | | |
| | | | | | | |
| Date of Birth: | DD | MM | CCYY | Gender: | M | F |
| | | | | | | |
| ID number: | | | | Age: | | |
| | | | | | | |
| Contact number: | | | | | | |
| | | | | | | |

| | | | |
|---|-------------------------------|----------------------------|--|
| Residential Address (include postal code): | | Postal Address: | |
| Province: | District Municipality: | Local Municipality: | |

| | |
|--------------------------------|--------------------|
| 4. SAPS DETAILS | |
| Name of Police Station: | |
| Physical Address: | |
| CAS/CR/MAS/MR No: | Case No: |
| Investigating officer: | Contact No: |

| | |
|---|-----------------------|
| 5. COURT DETAILS | |
| Court details which made finding of unsuitability: | |
| Court Name: | |
| Court Type: | Court Case no: |

| | | | | | |
|---|--|------------------------------|-----------|-----------|-------------|
| Court Address: | | | | | |
| Brief summary of reasons for findings/convictions: | | | | | |
| 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 |
| | | Date of finding: | DD | MM | CCYY |
| Guilty: <input type="checkbox"/> Yes <input type="checkbox"/> No | | * Name of the Prison: | | | |

| 6. APPEAL AGAINST OR REVIEW OF THE CONVICTION | |
|---|--|
| Appeal approved by the court: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Complete the following: | |
| <input type="checkbox"/> has been lodged by the convicted person on ...DD... /...MM..../...CCYY... (date); | |
| <input type="checkbox"/> is likely to be lodged by the convicted person; | |
| <input type="checkbox"/> has not been lodged by the convicted person | |

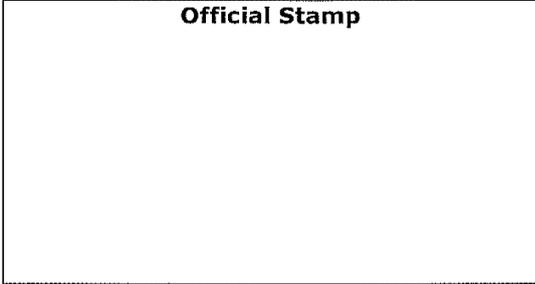
| 6. ATTACHED DOCUMENTS: |
|---|
| The following additional particulars are attached: |
| <input type="checkbox"/> fingerprints of person * |
| <input type="checkbox"/> photograph of person * |
| <input type="checkbox"/> court order |
| <input type="checkbox"/> Court minutes (proceedings) |

Yours sincerely

(Signature of official)

(Date)

Official Stamp

A rectangular box with a thin black border, intended for an official stamp. The text "Official Stamp" is centered at the top of the box.

Form 29

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

(Regulation 44 (1)(a))

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

TO: The Registrar of the National Child Protection Register
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: | | | |

| | | | |
|--------------------------|-------------------|------------------------|---------------------------------|
| | | | |
| * ID no: | | * Passport no: | |
| * Disability: | Applicable | Not Applicable | * Disability Type: _____ |
| Physical Address: | | Postal Address: | |
| | | | |
| * Telephone no: | | Mobile no: | |
| | | | |

| | |
|------------------------------|---|
| 2. PURPOSE OF INQUIRY | TO HAVE ACCESS TO CHILDREN/EMPLOYED AS (Tick Applicable): |
| | <ol style="list-style-type: none"> 1. Manager of Institution _____ 2. ECD Practitioner/Partial Care Facility/Drop in Centre 3. CYCW 4. Teacher (Primary/Secondary School) 5. Volunteer (Specify) _____ 6. Other (Specify) _____ |

| | |
|--|---------------------------------|
| 3. DETAILS OF EMPLOYER - (My / our details are the following :) | |
| Employer's name or name of NPO: | NPO Registration number: |
| | |

| | | | |
|-------------------------------------|-------------------------------|-----------------------------------|--|
| | | | |
| Employer's Physical Address: | | Employer's Postal Address: | |
| | | | |
| Employer's telephone no/s: | | Other contact details: | |
| | | | |
| Province: | District Municipality: | Local Municipality: | |
| | | | |

| |
|--|
| 4. ATTACHED DOCUMENTS: |
| <input type="checkbox"/> certified copy of identity document or passport of person to be screened as verification of identity. |

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

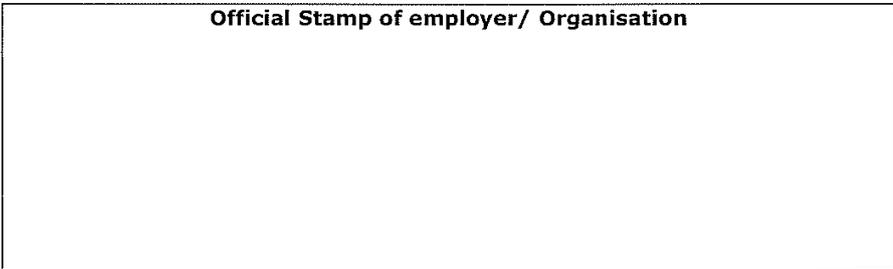
Yours sincerely

(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 44(1)(b))
[SECTION 126(3) OF THE CHILDREN'S ACT, (No 38 OF 2005)]**

TO: The Registrar of the National Child Protection Register
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: | | |
| One of the following identification documents must be attached: | | |
| <input type="checkbox"/> Identity Document | <input type="checkbox"/> passport | <input type="checkbox"/> other (e.g. asylum) |
| ID Number: _____ | | |

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 address: | | | |
| Telephone No: | | * Cellular No: | |
| Province: | District Municipality: | Local Municipality: | |

| | | | |
|----------------------|-------------------|-----------------------|---------------------------------|
| * Disability: | Applicable | Not Applicable | * Disability Type: _____ |
|----------------------|-------------------|-----------------------|---------------------------------|

| | |
|---|--|
| Purpose of Inquiry, i.e. Foster care or Adoption | |
|---|--|

(* - if applicable)

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

Yours sincerely

(Signature)

(Date)

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FORM 38 A SCREENING AND REPORTER FORM

Complete at screening for each person reporting a case or on behalf of a child.

Recommended to be completed by SAW

| | | | |
|---|--|---|--|
| <p>Section 1: Details of person reporting a case</p> <p><i>Briefly explain to the reporter your name, title and details of the organization. Indicate that you are going to ask some basic information about the reporter, in the event that the Social Worker would need to contact him/her at a later stage to gain additional information. Indicate to the reporter that the information shared will be confidential and that the reporter can choose to remain anonymous</i></p> | | | |
| Select anonymity preference of reporter | Reporter wishes to remain anonymous <input type="checkbox"/> Yes <input type="checkbox"/> No | Reasons for preference (if relevant) | |
| Relationship with client | <input type="checkbox"/> Relative <input type="checkbox"/> Neighbor / Family friend <input type="checkbox"/> Teacher | <input type="checkbox"/> Community Based Organization representative <input type="checkbox"/> Other, specify _____ _____ | |

| | | | |
|--|--|--|--|
| | <input type="checkbox"/> Health Professional | | |
| Name and Surname of reporter (if not anonymous) | | Contact details (telephone/address) | |
| Name of organization (if applicable) | | | |

Section 2: Details of case / client. Complete all available information. If information is not known write "not known" in relevant section

| | | | |
|---|--|---------------------|---|
| First Name(s) | | Surname | |
| Date of birth (or if not available age): | | Address | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality | <input type="checkbox"/> South African <input type="checkbox"/> Other, specify: |
| | | Racial Group | <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other |

| Section 4: Action taken | | | |
|--|------------------------------|--|--|
| Internal referral | <input type="checkbox"/> Yes | Referred to: | |
| Referral to external organization | <input type="checkbox"/> Yes | Name of organization referred to: | |
| Other | <input type="checkbox"/> Yes | If other, please specify | |

| SSP Name and Surname | Signature | SACSSP Number | Date |
|-----------------------------|------------------|----------------------|-------------|
| | | | |

| RECOMMENDATION / COMMENTS BY INTAKE OFFICER / SUPERVISOR | | | |
|---|------------------|----------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Supervisor / Intake Officer Name and Surname | Signature | SACSSP Number | Date |
| | | | |

| | | |
|--|------------------------------------|---|
| CASE ALLOCATED TO / CASE MANAGER | | |
| Instruction to Registry (if relevant) | <input type="checkbox"/> Open file | <input type="checkbox"/> Other, specify |

FORM 38B ASSESSMENT OF A CHILD, PLANNING AND CONTRACTING

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| | |
|----------------------|--|
| File Number | |
| Social Worker | |

PART 1: CHILD'S NAME AND ID. Other details of the child to be included in the Identifying Information form

Briefly explain at the start of the interview Your name, title and organisation and the purpose of the interview, as well as the child(s) rights in the process including participation, confidentiality and their right to services and information, dignity and respect. Note: in some cases, there may be multiple children in one case, such as family interventions or siblings placed in foster care

| Child Surname | Child First name | Child ID Number / Date of Birth |
|--------------------------|-----------------------------|--|
| | | |
| | | |
| | | |
| Caregiver Surname | Caregiver First name | Caregiver ID Number / Date of |
| | | |
| | | |

PART 2: PROCESS OF COMPLETING ASSESSMENT

Part 2.1: Engagement with child List all engagements with the child below (if needed, attach additional page)

| Type of engagement (office, telephone, home visit, school, other) | Date completed |
|--|-----------------------|
| | |
| | |
| | |

| | |
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| | |
| | |
| | |

Part 2.2: Other persons consulted during the assessment and planning including other social service professionals, other professionals, family or friends of the child. If case conference or consultation was conducted please note below.

| Name of Person participating in the assessment | Relationship to child(s) or Type of Professional | Date completed |
|--|--|----------------|
| | | |
| | | |
| | | |
| | | |

Part 2.3: List of documents reviewed in assessment *If relevant, list the name of the documents reviewed in the assessment such as other programmatic assessment tools, Household Profile (by Community Development practitioner), school reports, court reports etc. Include copies of the relevant documents in the child(s) file*

| Name of document | Key information |
|------------------|-----------------|
| | |
| | |
| | |

PART 3: ASSESSMENT FINDINGS

Please complete all sections that are relevant to the child. When interviewing the child, consider starting with the key concern of the child and then complete other sections. Ensure that in each question you consider both the main challenges as well as strengths and capacities. Findings can include information provided by the child, other persons interviewed, review of documents and observations/analysis of the designated social worker.

Part 3.1: Overview of the situation of the child

Explain to the child that you are going to ask them some questions about their current situation, main concern and expectations

Briefly describe the child's main concern(s)/issues and their expectations - when relevant make reference to the child(s)'s life stage. What is the impact of the issue on the child(s), their daily life and if relevant, their family?

Part 3.2: Strengths of and problem solving capacities of the child

Explain to the child that you are going to ask them some questions about how they have tried to resolve or cope with the situation and their strengths"

How has the child tried to resolve the problem or issue? What are the main strengths of the child including life skills, coping mechanisms or problem solving used by the child, spirituality/religion or other beliefs? What are things that the child values in their life, or that gives them hope or sense of purpose?

Part 3.3: Psychosocial issues

Explain to the child that you are going to ask them some questions about their relations with their family and community and their daily life

3.3.1 Social relations and integration and functioning in daily life. Briefly describe *important relations of the child* with their family, friends and community, including both the support they receive from these relations and any key challenges they face - include relevant family history and family relationships. Briefly describe *the main daily activities* of the child(s) and their functioning/integration in their household, work/school and in the community.

3.3.2 *Sources of stress, emotional and behaviour problems.* What are the main sources of stress for the child, including daily stresses or any critical event such as death of family member, displacement, challenges changes in roles. Does the child report or display emotional or behavioural problems or risk-taking behaviour? any delays in their development compared to other children.

Part 3.4: Education

Introduce the subject to the child – for instance, “I am now going to ask you some questions about your education”

Briefly describe the education background of the child, and if they are still in school/college or university their current studies and grade. Briefly describe if the other children in the household are attending school, any challenges they face, and if they are not in school why not.

Part 3.5: Safety and security

Introduce the subject to the child – for instance, “I am now going to ask you some questions about how safe you and your family feel in your daily life”

Briefly describe if the child and/or their family feel safe in daily life in their home and community, and if not why not. Describe any current or previous experiences of violence, abuse or exploitation. If the child has experienced violence, abuse or exploitation, describe whether they informed anyone, and if they received any help or services describe what help or services they received

Note: If child(s) is unsafe or is currently experiencing violence, assess their safety and risk in accordance with the broad risk assessment framework contemplated in regulation 35 and develop safety plan

Part 3.6: Health and Nutrition *Introduce the subject to the child – for instance, “I am now going to ask you some questions about your health and the health of your family”*

3.6.2 Briefly describe any medical issues for the child or members of their household that impact on the child, including illness, injury or disability. Does the child have access to needed medical services, and if not why not?

3.6.3 Briefly describe the households' food and nutrition status including how many meals a day they eat and what their usual diet is

Part 3.7: Economic issues, basic needs and legal needs *Introduce the subject to the child – for instance, "I am now going to ask you some questions about your basic needs such as food, housing and income"*

3.7.1 Briefly describe the *economic situation of the child and their family*, whether the child's parent, caregiver or guardian is working, and what the main source of income within the family is, including access to social grants (if applicable, which one(s))?

3.7.2 Briefly describe the child's access to *basic needs such as housing, clean water, sanitation and clothing* (e.g. school uniform)?

3.7.3 Does the child need help in *accessing documents* such as birth or death certificates? Do they have *legal needs* such as support in, custody, estate issues etc.?

Part 3.8: Assessment summary

3.8.1 Problems and strengths.

Briefly summarise the key challenges, issues and/or needs to be addressed.

Briefly summarise the key positive coping mechanisms, personal skills or resources and social support that can help in addressing the key issues.

3.8.2 Risk level. Briefly describe and select risk level

| | | |
|---|---|---|
| <input type="checkbox"/> Emergency - Action required immediately and within 24-48 hours | <input type="checkbox"/> High - Action required within 48 hours | <input type="checkbox"/> Mild - Action required within 5 days |
|---|---|---|

| | | | |
|---|--|---|--|
| <p>PART 4: PLANNING AND CONTRACTING</p> <p>PLAN OF ACTION <i>To be completed once the assessment has been completed, including consulting with the child and other relevant sources of information. If the plan needs updating, this page can be printed and the amended plan included and added to the child's file. Alternatively if the changes to the plan are minor, changes can be recorded on a process note</i></p> | | | |
| <p>Overall goal. <i>Briefly describe the overall goal of the intervention. The goal should describe the result or change in the life of the child that is agreed with the child that the plan aims to achieve. Goal should also include when it is estimated to be achieved.</i></p> | | | |
| <p>Views of the child(s). <i>Briefly describe the views of the child to address the issues identified in the assessment, including if relevant how their views or wishes changed during the process, and/or if their wishes differ from the action plan below, explain the reasons for this.</i></p> | | | |
| <p>Issues to be addressed: <i>List key issues or problems identified in the assessment below</i></p> | <p>Planned intervention to be taken</p> | <p>Due date for intervention</p> | <p>Responsibility <i>(may include case manager, other SSP, other service provider and/or the child)</i></p> |
| | | | |
| | | | |

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| Due Date for Evaluation: | | | |

| | |
|--|---|
| PART 5: CONTRACTING SIGNATURE BLOCK | |
| <p>Does child/parent/guardian/caregiver agree to share information with other persons or service providers:</p> <p><input type="checkbox"/> Yes with all relevant actors/service providers</p> <p><input type="checkbox"/> With only some actors/service providers</p> <p><input type="checkbox"/> No</p> | <p>If child/ parent/guardian/caregiver agrees to share with only some service providers or actors, please specify which ones. If child /parent/guardian/caregiver does not consent and service provider decides to share information, explain why.</p> |

| | | |
|--|--------------------------------------|-------------------------------|
| Child/parent/guardian/caregiver: I agree to above plan and to consent to work with the Social Service professional on the plan | Name | Signature / thumbprint |
| | | Date |
| Social worker. I commit to supporting the above child/parent/guardian/caregiver with the above action plan and working with others as required to support the child | Name | Signature |
| | SACSSP Practice Number | Date |
| Review of assessment, planning and contracting plan by supervisor. Supervisor should review and approve plan and complete section below in all emergency cases. | | |
| Supervisor. <input type="checkbox"/> I approve the above plan without any amendments <input type="checkbox"/> I approve the above plan with the following amendments (briefly describe amendments required) | Plan amendments (if required) | |
| | Name | Signature |
| | SACSSP Practice Number | Date |

FORM 38C

EXTERNAL REFERRAL FORM

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To be completed in all instances where a client is referred to an external service provider. Provide Client with original copy of referral and keep copy of referral either on client's file or on Referral file

| | | | |
|-------------------------|--|--------|--|
| Case referred from | | | |
| Service Point(Province) | | Tel | |
| Case referred to | | | |
| Organisation name | | E-mail | |
| Physical Address | | Tel | |

| | |
|--|--|
| Referral of client | |
| Dear Sir/ Madam | |
| The below named consulted our offices on _____ You are requested to assist him / her with services linked to the following (<i>mark X where applicable</i>) | |
| Social Welfare Services (Focus areas) | |
| <input type="checkbox"/> Poverty alleviation <input type="checkbox"/> Social integration <input type="checkbox"/> Family preservation <input type="checkbox"/> Social Crime Prevention <input type="checkbox"/> Victim Empowerment | <input type="checkbox"/> Care and protection of Vulnerable Groups – Persons with Disabilities <input type="checkbox"/> Prevention, Care and Support of Substance abuse <input type="checkbox"/> Prevention, Care and Support of HIV and Aids |

| | |
|---|---|
| <input type="checkbox"/> Care and protection of Vulnerable Groups – Children | <input type="checkbox"/> Mental Health/Psychosocial <input type="checkbox"/> Other (specify) _____ _____ |
| Other services | |
| <input type="checkbox"/> Grants <input type="checkbox"/> Food and nutrition <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Other (specify) _____ _____ | <input type="checkbox"/> Shelter for victims of violence <input type="checkbox"/> Police <input type="checkbox"/> Legal assistance <input type="checkbox"/> HIV services |

| | | | |
|------------------------------------|---|--|--|
| Details of the client | | | |
| Client name** | | Contact number/s | |
| DSD Reference Number | | Identity no | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other ○ | If foreign national, complete section below | |
| Date of Birth | | Type of identification | |
| Address, including district | | Country of origin | |
| | | Language spoken | |

| | |
|--|--|
| Parent/guardian/caregiver name ** | |
|--|--|

*** For confidentiality purposes, social service practitioner may complete only the preferred first name that the client/caregiver wishes to be used. If there are concerns for safety or confidential information included below, do not complete identifying details such as name, and ID/DSD reference number*

| | | | |
|---------------------------------|------------------------------------|-------------------------------|-------------------------------|
| Risk Level | <input type="checkbox"/> Emergency | <input type="checkbox"/> High | <input type="checkbox"/> Mild |
| Response required within | 24 hours | 48 hours | 5 days |

| | | |
|--|---|-----------------------|
| Consent and information sharing | | |
| Describe preferred way to contact the client and any restrictions on contacting the client | | |
| Has the client consented to share information with the service provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, add signature |

| |
|---|
| <p>Briefly describe service required and any relevant information that client has consented to share with service provider. Ensure sufficient information is provided for service provider to provide relevant service; avoid sharing details not required for the provision of that specific service.</p> |
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| Feedback required from service provider | Date Feedback required |
|---|------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| SW/SAW Name and Surname | Signature | SACSSP Number | Date |
|-------------------------|-----------|---------------|------|
| | | | |
| | | | |