

## Child Protection Register -- CPR FORMS

- Child Justice Act 75 of 2008
- Children's Act 38-2005 as amended 21 Apr 2010
- Form\_22-Reporting\_of\_Abuse\_or\_deliberate\_neglect\_of\_child
- Form\_23-Reporting\_of\_abuse\_or\_deliberate\_neglect\_of\_child\_to\_DG
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**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

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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.

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

<b>1. CHILD: (COMPLETE PER CHILD)</b>			
<b>Surname</b>		<b>Full name(s)</b>	
<b>Gender:</b>		<b>Date of Birth:</b>	
<b>School Name:</b>		<b>Grade:</b>	<b>Age / Estimated Age:</b>
<b>* ID no:</b>		<b>* Passport no:</b>	
<b>Contact no:</b>			

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

<b>3. OTHER INTERVENTION - CONTACT PERSON TRUSTED BY CHILD</b>	
<b>Surname:</b>	<b>Name:</b>
<b>Address:</b>	<b>Telephone number:</b>
<b>Other children interviewed:</b>	<b>Number :</b>

(\* ) = Complete if available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

(\* ) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

**6. ABUSE**

Date of Incident:	Date unknown:	Episodic/ongoing from (date)	Reported to CPR:

Place of Incident:

Child's home     Field     Tavern     School     Friend's place  
 Partial Care     ECD Centre     Neighbour     Child and youth care centre  
 Other (specify) Foster home     Temporary safe care

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

Physical	Emotional	Sexual	Deliberate neglect
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**6.2) INDICATORS (Check any that apply)**

**PHYSICAL:**

Abrasions     Bruises     Burns/Scalding     Fractures  
 Other physical illness     Cuts     Welts     Repeated injuries  
 Fatal injury (date of death)     Injury to internal organs     Head injuries  
 No visible injuries     Poisoning (specify)     Other Behavioural or physical (specify) (elaborate)

**EMOTIONAL:**

Withdrawal     Depression     Self destructive aggressive behaviour  
 Corruption through exposure to illegal activities     Deprivation of affection  
 Exposure to anti-social activities     Exposure to family violence  
 Parent or care giver negative mental condition     Inappropriate and continued criticism  
 Humiliation     Isolation     Threats     Development Delays     Oppression  
 Rejection     Accusations     Anxiety     Lack of cognitive stimulation  
 Mental, emotional or developmental condition requiring treatment (specify)

**SEXUAL:**

Contact abuse     Rape     Sodomy  
 Masturbation     Oral sex area     Molestation  
 Non contact abuse (flashing, peeping)     Irritation, pain, injury to genital  
 Other indicators of sexual molestation or exploitation (specify)

**DELIBERATE NEGLECT:**

Malnutrition     Medical     Physical     Educational  
 Refusal to assume parental responsibility     Neglectful supervision     Abandonment

**6.3) Indicate overall degree of Risk to child:**

Mild     Moderate     Severe     Unknown

**6.4) When applicable, tick the secondary type of abuse Multiple Abuse:**    Yes    No

Sexual	Physical	Emotional	Deliberate Neglect
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Brief explanation of occurrence(s) (including a statement describing frequency and duration)


(\* ) = Complete if information is available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

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

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

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

(\* ) = Complete if information is available or applicable

<b>SURNAME OF CHILD:</b>	
<b>FULL NAMES OF CHILD:</b>	

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

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

Signature of person reporting alleged abuse: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Official Stamp of Department / child protection organisation</b>

FORM 23

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD TO DIRECTOR-GENERAL

(Regulation 33)

[SECTION 110(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO DIRECTOR-GENERAL

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO: The Director-General

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

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

**Source of report (do not identify person)**

Victim      Relative      Parent      Neighbour/friend

Professional (specify) .....

Other (specify) .....

Date Reported to child protection organisation:   

**1. CHILD: (COMPLETE PER CHILD)**

Surname		Full name(s)		
Gender:		Date of Birth:		
School Name:		Grade:	Age / Estimated Age:	
* ID no:		* Passport no:		
Contact no:				

**2. DISABILITY (\*)**

Disability:	Nature		
Yes	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of hearing
No	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Intellectual Disability	
	- Mental disability:	<input type="checkbox"/> Developmental	<input type="checkbox"/> Psychiatric
	Other		

**3. CHRONIC ILLNESS (\*)**

Chronic illness:	Nature		
Yes	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cancer	<input type="checkbox"/> Liver <input type="checkbox"/> HIV/ Aids
No	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Tuberculoses	<input type="checkbox"/> Cardiac disease
	Other		

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

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

(\*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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

6.3 ABUSE HAS BEEN CONFIRMED:  Yes  No      Date    DD    MM    CCYY  
 Type:      Physical      Emotional      Sexual       Deliberate Neglect



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

(\* ) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

<b>8. ABUSE</b>			
Date of Incident:	Date unknown:	Episodic/ongoing from (date)	Reported to CPR:
Place of Incident:			
<input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> Partial Care <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Other (specify) <input type="checkbox"/> Foster home <input type="checkbox"/> Temporary safe care			
<b>8.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)</b>			
Physical	Emotional	Sexual	Deliberate neglect
<b>8.2) INDICATORS (Check any that apply)</b>			
<b>PHYSICAL:</b>			
<input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries <input type="checkbox"/> No visible injuries <input type="checkbox"/> Poisoning (specify) <input type="checkbox"/> Other Behavioural or physical (specify) <input type="checkbox"/> (elaborate)			
<b>EMOTIONAL:</b>			
<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)			
<b>SEXUAL:</b>			
	Contact abuse	Rape	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)		
<b>DELIBERATE NEGLECT:</b>		
<input type="checkbox"/> Refusal to assume parental responsibility	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Medical
	<input type="checkbox"/> Neglectful supervision	<input type="checkbox"/> Physical
		<input type="checkbox"/> Educational
		<input type="checkbox"/> Abandonment
8.3) Indicate overall degree of Risk to child:		
<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
		<input type="checkbox"/> Unknown
8.4) When applicable, tick the secondary type of abuse Multiple Abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sexual	Physical	Emotional
		Deliberate Neglect
Brief explanation of occurrence(s) (including a statement describing frequency and duration)		

(\* ) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

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

<b>10. CHILDREN'S COURT INTERVENTION (* )</b>		
Removal of child to temporary safe care (Section 152): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Children's Court Opening: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Court	Reference Number	Date
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)	
-Removal of child already in alternative care (Section 173):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Where to (place)	

- Provisional transfer from alternative Care (Section 174) : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date		Where to (place)	
Other (specify):			

11. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)			
Reported to SAPS:		Charges laid:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date	
CASE NR	Police Station	Telephone Nr	
Name of Police Officer		Rank of Police Officer	
11.1) Police Intervention:		11.2) Offender guilty of previous abuse:	
<input type="checkbox"/> None <input type="checkbox"/> Informal contact <input type="checkbox"/> Police investigation		<input type="checkbox"/> Yes <input type="checkbox"/> Suspected	
<input type="checkbox"/> Joint Intervention <input type="checkbox"/> Charges laid <input type="checkbox"/> Pending		<input type="checkbox"/> No <input type="checkbox"/> Unknown	
If Yes, Type of conviction:		Date:	

(\*) = Complete if information is available or applicable

**12. TYPE OF FACILITY**

(If child is placed as a preventative measure or statutory placed - SECTION 191(2))

Name: \_\_\_\_\_ Street address (include postal code): \_\_\_\_\_

Postal code: \_\_\_\_\_

Type:

- Reception and temporary safe care
- Reception, development and secure care
- Reception, care and development of children on a shared basis
- Reception, and care of street children

**13. CURRENT FUNCTIONING OF THE FAMILY:**

CAUSATIVE FACTORS	Complete if not known to a welfare organisation:		If known to organisation/ department				
	Current Situation		Deterioration ( To be completed on subsequent assessment)		Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent assessment)
13.1) Parents	Yes	No	Slight	Significant	Slight	Significant	
Heavy child care responsibilities							
lack of support system							
marital difficulties							
lack of knowledge of child care /							

- development
- physical violence/ corporal punishment acceptable
- different cultural/ sub-cultural/ religious norms
- alcohol/drug abuse
- physical illness
- mental illness
- personality disorder
- intellectual limitation
- abused in childhood

13.2) Child

Current situation	If child is known to Child Protection Organization				
	Deterioration		Improvement		Unchanged
	Yes	No	Slight	Significant	

- unwanted
- premature
- disabled
- behaviour problem/ provocative
- other

13.3) Environment

Current situation	If child is known to Child Protection Organization				
	Deterioration		Improvement		Unchanged
	Yes	No	Slight	Significant	

- unemployment
- social isolation
- housing:
  - I = Informal
  - F = Formal
- finances:
  - U = unemployed
  - E = employed
- other

U E

13.4) Services provided

- psychiatric/psychological assessment
- psychiatric treatment
- counselling
- medical treatment
- health care workers
- parent education courses
- parents/ self help group
- volunteer support
- home community base care
- child and youth care worker
- foster care

By For Unavailable Rejected

- day care
- substance abuse treatment
- material needs/ financial assistance
- housing
- employment
- child taken into care
- other

**13.5) Evaluation of case**

**13.6) Planning for family and child at risk**

**13.7) Recommendation**

**Investigation conducted by: (Name of Organisation):**

**Date**

**Reporting person:**

**Caseworker(s) (please print):**

**Signature:**

**14. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT  
(If other than above)**

**Surname**

**First Name(s)**

**Gender**

**Also known as:**

**Relationship to child:**

**Age:  
Street Address (include postal code)**

**Postal code:**

**15. INVESTIGATING DESIGNATED SOCIAL WORKER**

**Name of Social Worker**

**Employer**

**Employer Address**

**Work Telephone Number    Fax Number**

**Email Address**

**Reference Number**

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

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

Signature of investigating designated social worker: \_\_\_\_\_

Date: \_\_\_\_\_

Official Stamp of Provincial Department / child protection  
organisation

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

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

Dear Sir / Madam

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

Details of alleged offender:

Full names: .....  
Surname: .....  
Also known as: \* .....  
Gender: .....  
ID no: \* .....  
Occupation: .....  
Relationship with child: .....  
(\* - if available or applicable)

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

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

Motivation for removal of alleged offender:

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

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

Name of person submitting request: .....

Signature: .....

Capacity / rank:



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

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

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

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

In terms of section 122 of the Children's Act, (No. 38 of 2005), you are hereby advised that a finding has been made by a court or administrative forum that a certain person is unsuitable to work with children. Kindly include the following particulars of this person in Part B of the National Child Protection Register.

<b>1. PERSON IS UNSUITABLE TO WORK WITH CHILDREN:</b>						
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:		

<b>Court / Forum details which made finding of unsuitability:</b>	
Court/Forum Name:	
Court Type:	Court Case no:
Court/Forum Address:	

(\*Complete where available or applicable)

**Brief summary of reasons for findings:**

<b>Sentence imposed:</b>	<b>Type of offence:</b>			
	<b>Place of offence:</b>			
	<b>Date of offence:</b>	DD	MM	CCYY
	<b>Date of conviction:</b>	DD	MM	CCYY
	<b>Date of sentence:</b>	DD	MM	CCYY
<b>Case no:</b>	<b>Date of finding:</b>	DD	MM	CCYY
<b>Guilty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**2. APPEAL AGAINST OR REVIEW OF THE FINDING:**

Appeal approved by court:     Yes     No

**If Yes, Complete the following:**

has been lodged by the above-mentioned person on ...../...../..... (date);

is likely to be lodged by the above-mentioned person;

has not been lodged by the above-mentioned person

**3. ATTACHED DOCUMENTS:**

The following additional particulars are attached (if available):

fingerprints of person \*

photograph of person \*

(\*Complete where available or applicable)

court order \*

minutes of administrative forum \*

4. 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:						

Yours sincerely

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

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
 (Date)

Official Stamp
----------------

(\*Complete where available or applicable)

**FORM 28**

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

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

In terms of section 122 of the Children's Act, (No. 38 of 2005), you are hereby advised that a finding has been made by a court or administrative forum that a certain person is unsuitable to work with children. Kindly include the following particulars of this person in Part B of the National Child Protection Register.

<b>1. PERSON IS UNSUITABLE TO WORK WITH CHILDREN:</b>					
<b>Title:</b>					
<b>Surname:</b>			<b>Full name(s) :</b>		
<b>Gender:</b>			<b>Date of Birth:</b>		
<b>* He / she is also known as:</b>					
<b>* Identity no:</b>			<b>* Passport no:</b>		
<b>* Drive's licence no:</b>			<b>* Prisoner Identity no:</b>		
<b>Last known physical address:</b>			<b>Postal Address:</b>		
<b>Court / Forum details which made finding of unsuitability:</b>					
<b>Court Name:</b>					
<b>Court Type:</b>			<b>Court Case no:</b>		

<b>Court Address:</b>				
<b>Brief account of conviction:</b>				
<b>Sentence imposed:</b>	<b>Type of offence:</b>			
	<b>Place of offence:</b>			
	<b>Date of offence:</b>			
	<b>Date of conviction:</b>			
<b>Case no:</b>	<b>Date of sentence:</b>			
<b>Guilty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (* - if applicable)	<b>Date of finding:</b>			

<b>2. APPEAL AGAINST OR REVIEW OF THE FINDING:</b>
Appeal approved by court: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, Complete the following:</b>
<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

<b>3. ATTACHED DOCUMENTS:</b>
<b>The following additional particulars are attached (if available):</b>
fingerprints of person *

- photograph of person \*
- court order \*
- minutes of administrative forum \*

(\* - if available or applicable)

**Yours sincerely**

---

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

**Telephone No.** \_\_\_\_\_

---

**(Date)** \_\_\_\_\_

**Official Stamp of the Registrar of the Court**

**FORM 29**

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

**(Regulation 44)**

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

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

Dear Sir / Madam

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

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

In the event that his/her name is included in Part B of the Register, kindly furnish reason why  
this was done.

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

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

Personal details of person employed or to be employed.  
Full names :  
Surname :  
Physical address :  
Postal address :  
Telephone number :



Alias or nickname :  
ID number :  
Passport number :

Yours sincerely

(Signature)

(Date)

**FORM 30**

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

**(Regulation 44)**

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

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

Dear Sir / Madam

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

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

In the event that my name is included in Part B of the Register, kindly furnish reason why this  
was done.

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

My personal details are:

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

Yours sincerely

(Signature)

(Date)

**FORM 31**

**APPLICATION FOR REMOVAL OF NAME ERRONEOUSLY ENTERED IN PART B OF NATIONAL CHILD PROTECTION REGISTER**

(Regulation 45)

[SECTION 128(2) OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

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

<b>1. IDENTIFYING PARTICULARS</b>			
<b>CPR NO:</b>			
<b>Surname:</b>		<b>Full name(s) :</b>	
<b>Gender:</b>		<b>Identity no:</b>	
<b>Physical address:</b>		<b>Postal address:</b>	

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

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

<b>2. REASONS:</b>
<input type="checkbox"/> incorrect identity number

<input type="checkbox"/> incorrect reflection of name, surname and other particulars <input type="checkbox"/> incident linked to the wrong person <input type="checkbox"/> incident linked to the wrong child <input type="checkbox"/> other
---

<b>3. CLARIFICATION:</b>   
--------------------------------------

<b>4. CONTACT DETAILS:</b>	
Postal address:	Physical address:
Email:	
Telephone No:	Cellular No:

<b>5. ATTACHED DOCUMENTS:</b> The following additional particulars are attached:  <p style="text-align: center;">an affidavit setting out the grounds for this application</p>
---

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

Yours sincerely

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### FORM 31

#### APPLICATION FOR REMOVAL OF NAME ERRONEOUSLY ENTERED IN PART B OF NATIONAL CHILD PROTECTION REGISTER

(Regulation 45)

[SECTION 128(2) OF THE CHILDREN'S ACT 38 OF 2005]

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

Dear Sir / Madam

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

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

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

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

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

2. REASONS:
ncorrect identity number

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

**3. CLARIFICATION:**

**4. CONTACT DETAILS:**

Postal address:

Physical address:

Email:

Telephone No:

Cellular No:

**5. ATTACHED DOCUMENTS:**

The following additional particulars are attached:

an affidavit setting out the grounds for this application

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

Yours sincerely

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FORM 32**

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

**(Regulation 45)**

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

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

Dear Sir / Madam

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

Full names and surname of applicant: .....

Physical address of applicant: .....

Identification number of applicant:\*

Any other relevant details: .....

Outcome of application (finding): .....

Name and address of court in which finding was made: .....

Date of finding: .....

Case number: .....

(\* - if available)

Register reference number: .....

\_\_\_\_\_  
(Signature of registrar or clerk of the court)

\_\_\_\_\_  
(Date)

Postal address of court:

.....  
.....



CONFIDENTIAL



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

Enquiries:

P.O.Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria.

Tel: (012) 312-7371

Your Reference:

Attention:

**NOTIFICATION OF OUTCOME OF INQUIRY BY EMPLOYER IN PART B OF NATIONAL CHILD PROTECTION REGISTER (REGULATION 44) [SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005**

Your inquiry dated .....has reference.

This serves to acknowledge receipt of your inquiry regarding the above-mentioned matter. The Department has run a search on the person on Part B of the National Child Protection Register on ..... (See attached Form..... for the results).

Enquiries should be directed to: Mr. S Mashiane at (012) 312 7371, e-mail:  
[SelemaM@socdev.gov.za](mailto:SelemaM@socdev.gov.za)

Kind regards

**DIRECTOR-GENERAL**  
**DATE:**

CONFIDENTIAL



social development

Department  
Social Development  
REPUBLIC OF SOUTH AFRICA

Enquiries:

P.O Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria.

Tel: (012) 312-7371

Your Reference:

Attention:

**NOTIFICATION OF OUTCOME OF INQUIRY BY INDIVIDUAL IN PART A OF NATIONAL CHILD PROTECTION REGISTER (REGULATION 44) [SECTION 117 OF THE CHILDREN'S ACT 38 OF 2005]**

Your inquiry dated .....has reference.

This serves to acknowledge receipt of your inquiry regarding the above-mentioned matter. The Department has run a search of your name on Part A of the National Child Protection Register on ..... (See attached Form..... for the results).

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified.

In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.

Enquiries should be directed to: Mr. S Mashiane at (012) 312 7371, e-mail: [SelemaM@socdev.gov.za](mailto:SelemaM@socdev.gov.za)

Kind regards

DIRECTOR-GENERAL  
DATE:

CONFIDENTIAL



social development

Department:  
Social Development  
REPUBLIC OF SOUTH AFRICA

Enquiries Mr. S Mashiane

P.O.Box X901, Pretoria, 0001, 134 Pretoria Street, HSRC Building, Pretoria.

Tel: (012) 312-7371

Your Reference:

Attention:

**NOTIFICATION OF OUTCOME OF INQUIRY BY PERSON IN PART B OF NATIONAL CHILD PROTECTION REGISTER (REGULATION 44) [SECTION 126 OF THE CHILDREN'S ACT 38 OF 2005]**

Your inquiry dated .....has reference.

This serves to acknowledge receipt of your inquiry regarding the above-mentioned matter. The Department has run a search of your name on Part B of the National Child Protection Register on ..... (See attached Form..... for the results).

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified.

In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.

Enquiries should be directed to: at (012) 312 7371, e-mail: [SelemaM@socdev.gov.za](mailto:SelemaM@socdev.gov.za)

Kind regards

DIRECTOR-GENERAL

DATE:

**NOTIFICATION OF OUTCOME OF INQUIRY BY EMPLOYER IN PART B OF NATIONAL CHILD  
PROTECTION REGISTER**

(Regulation 44)

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

To:.....  
Address:.....  
.....  
.....  
.....

Dear Sir / Madam

Pursuant to section 126 of the Children's Act, 38 of 2005, this serves to inform you of the outcome of inquiry to establish whether the name of a certain person, whose particulars are as stated below, is included in Part B of the National Child Protection Register as a person unsuitable to work with children.

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

The result of your inquiry is as follows:

- Yes, the person's name is on Register B.
- No, the person's name is not appearing on Register B.

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified. In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.

(\* - if applicable)

**Yours sincerely**

\_\_\_\_\_  
**Director - General**

**Date:** \_\_\_\_\_

**Official Stamp**

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified. In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.

**NOTIFICATION OF OUTCOME OF INQUIRY BY INDIVIDUAL IN PART A OF NATIONAL CHILD PROTECTION REGISTER**

(Regulation 44)

[SECTION 117 OF THE CHILDREN'S ACT 38 OF 2005]

TO:.....  
Address:.....  
.....  
.....  
.....

Dear Sir / Madam

Pursuant to section 117 of the Children's Act, 38 of 2005, this serves to inform you of the outcome of inquiry to establish whether your name appears in Part A of the National Child Protection Register.

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

RESULTS OF INQUIRY
The Department has run a search of your name on the Child Protection Register. The result is as follows:
<input type="checkbox"/> Yes, your name is on the Child Protection Register.
<input type="checkbox"/> No, your name is not appearing on the Child Protection Register.
(* - if applicable)

**REASONS (If name appears on the Register)**

**Yours sincerely**

\_\_\_\_\_  
**Director-General**

**Date:** \_\_\_\_\_

**Official Stamp**

<b>Court Type:</b>	<b>Court Case no/Forum Ref No:</b>			
<b>Court Address/Forum address:</b>				
<b>Reason for inclusion of name on the Register:</b>				
<b>Sentence imposed:</b>	<b>Type of offence:</b>			
	<b>Place of offence:</b>			
	<b>Date of offence:</b>	DD	MM	CCYY
	<b>Time of offence</b>			
	<b>Date of sentence:</b>	DD	MM	CCYY
	<b>Date of conviction:</b>	DD	MM	CCYY
<b>Case no/Ref. No:</b>	<b>Date of finding:</b>	DD	MM	CCYY
<b>Guilty:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

(\* - if applicable)

Yours sincerely

\_\_\_\_\_  
Director-General

Date: \_\_\_\_\_

Official Stamp
----------------

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified. In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.



**NOTIFICATION OF OUTCOME OF INQUIRY BY PERSON IN PART B OF NATIONAL  
CHILD PROTECTION REGISTER**

(Regulation 44)

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

To: .....

Address: .....

.....

.....

.....

Dear Sir / Madam

Pursuant to section 126 of the Children's Act, 38 of 2005, this serves to inform you of the outcome of inquiry to establish whether your name appears in Part B of the National Child Protection Register as a person unsuitable to work with children.

1. PARTICULARS OF PERSONS UNSUITABLE TO WORK WITH CHILDREN						
Title:						
Surname:			Full name(s) :			
Gender:	M	F	Date of Birth:	DD	MM	CCYY
* Also known as:						
* Identity no:			* Passport no:			
* Drive's licence no:			* Prisoner Identity no:			
Last known physical address:			Postal Address:			

The result of your inquiry is as follows:

Yes, your name is on Register B.

No, your name is not appearing on Register B.

If yes, Court / Forum details which made finding of unsuitability:

Court Name/Forum Name:

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified. In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.