FORM 1

REPORTING OF CHILD SUSPECTED TO BE A VICTIM OF TRAFFICKING

[SECTION 18(5) OF THE PREVENTION AND COMBATING OF TRAFFICKING IN PERSONS ACT, 2013 (Act No7 of 2013)]

(Regulation 2)

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

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD

(Regulation 33)

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

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

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

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

Source of report (do not identify person) ☐ **Victim** ☐ **Relative** ☐ **Parent**

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

☐ **Other (specify) .....**			
Date Reported to child protection organisation:	**DD**	**MM**	**CCYY**

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

2. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION			
☐ **Child abuse**	☐ **Child labour**	☐ **Child trafficking**	☐**Street child**
☐ **Commercial sexual exploitation**		☐ **Exploited children**	☐ **Child abduction**

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	**Name:**
Physical address:	**Telephone number:**

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

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

5. ALLEGED ABUSER						
5.1) Surname				**Full Name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID No:				**Age:**		
*** Passport No:**				*** Drivers license number:**		
Also known as:				**Relationship to child:** ☐**Father** ☐**Mother** ☐**Grandfather**		

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

5.2) WHEREABOUTS OF ALLEGED PERPETRATOR:

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

☐ **In hospital (Name/Place.....)**

☐ **In detention (Name/Place.....)**

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

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

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

Surname: Mother / Step-mother				**Full name(s)**		
Date of Birth:	**DD**	**MM**	**CCYY**	**Gender:**	**M**	**F**
ID number:				**Age:**		
Names and ages of siblings or other children if helpful for tracking						
Surname		**Full names**			**Age/Date of birth**	
Street Address (include postal code):					**Postal Code:**	

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

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

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

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

☐ **temporary respite care** ☐ **Other (specify)**

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

Physical	**Emotional**	**Sexual**	**Deliberate neglect**

7.2) INDICATORS (Check any that apply)

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

☐ **Other physical illness** ☐ **Cuts** ☐ **Welts**

☐ **Repeated injuries** ☐ **Fatal injury (date of death)**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.3) Indicate overall degree of risk to child:

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

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

Sexual	**Physical**	**Emotional**	**Deliberate Neglect**

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

8. MEDICAL INTERVENTION (*)

Examined by:	**Treatment received:**	**Where (name of hospital, clinic, private doctor):**	**Hospitalised:**

☐ **Doctor** ☐ **Reg. Nurse**	☐ **Yes** ☐ **No**		☐ **For assessment** ☐ **For treatment** ☐ **As temporary safe care (place of safety)**
Contact person:	**Contact person:**	**Contact person:**	**Contact person:**
Telephone No:	**Telephone No:**	**Telephone No:**	**Telephone No:**

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

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

11. CHILD KNOWN TO DESIGNATED CHILD PROTECTION ORGANISATION (DCPO)/ SOCIAL DEVELOPMENT(DSD)?		
11.1) Child known to DCPO/DSD ?:	☐ **Yes**	☐ **No**

Name of DCPO/DSD Office:	Contact number	Reference number

12. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a professional or mandatory obliged to report child abuse in terms of Section 110(1))

CAPACITY(OF INFORMANT)

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

Surname of informant	Name of informant	Name of employer

Employer Address	Work Telephone Nr	Fax Number

Email Address

(*) = Complete if information is available or applicable

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

Signature of informant: _____

Date: _____

Official Stamp