

FORM 2

NOTIFICATION OF PLACING VICTIM OF TRAFFICKING AT AN ACCREDITED ORGANISATION OR IN TEMPORARY SAFE CARE

(Section 19(5) or (6) of the Prevention and Combating of Trafficking in Persons Act, 2013 (Act No. 7 of 2013))

TO: A. Accredited Organisation

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B. Provincial Department of Social Development

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Important notice: The unauthorised access to and disclosure of information of a victim of trafficking or suspected victim of trafficking or child in the care of a victim of trafficking is an offence for which the penalty is a fine or imprisonment for a period not exceeding 15 years or both (section 23 read with section 13(c) of the Prevention and Combating of Trafficking in Persons Act, 2013)

Name and Surname	M/F	Age	Nationality

1. NATURE AND ACCOUNT OF INCIDENT

Date:	Source of report (do not identify person): <input type="checkbox"/> Victim <input type="checkbox"/> Relative <input type="checkbox"/> Neighbours <input type="checkbox"/> Professional (specify)..... <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify)
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1. TYPE OF EXPLOITATION

<input type="checkbox"/> slavery or practices similar to slavery	<input type="checkbox"/> forced labour
<input type="checkbox"/> forced marriage	<input type="checkbox"/> the removal of body parts
<input type="checkbox"/> sexual exploitation	<input type="checkbox"/> the impregnation of a female

3. INDICATORS (check any that apply)

<input type="checkbox"/> Abrasions <input type="checkbox"/> Fractures <input type="checkbox"/> Cuts

<input type="checkbox"/> Burns <input type="checkbox"/> Welts <input type="checkbox"/> Bruises <input type="checkbox"/> Irritation, pain or injury to genitals <input type="checkbox"/> Pregnancy <input type="checkbox"/> Malnutrition <input type="checkbox"/> Indications of sexual exploitation <input type="checkbox"/> Other physical injury (specify) <input type="checkbox"/> No visible injuries (elaborate) <input type="checkbox"/> Other (specify)				
Indicate degree of abuse <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe				
4. BRIEFLY GIVE REASONS FOR SUSPECTING THAT THAT PERSON IS A VICTIM OF TRAFFICKING:				
5. ACTION TAKEN				
5.1 Police intervention				
<input type="checkbox"/> Victim placed in temporary safe care <input type="checkbox"/> Victim placed at Accredited Organisation <input type="checkbox"/> Case reported to Provincial Department of Social Development <input type="checkbox"/> Police investigation				
Police station:	CAS No:	Tel No: Work	Cell No	OB Ref No
PERSAL No	Name	Rank	Signature	
5.2 TRANSPORT OF A VICTIM TO AN ACCREDITED ORGANISATION OR A PLACE OF TEMPORARY SAFE CARE				
TO: (Accredited Organisation / Place of temporary safe care)				

The abovementioned person is hereby placed in your care as provided for in terms of section 19 of the Prevention and Combating of Trafficking in Persons Act, 2013 (Act No. 7 of 2013).			
Date and time of receipt of the person	Name and address of institution	Tel No of institution	Name of person receiving the victim
Signature of person receiving the victim on behalf of the institution			