



**SOUTH AFRICAN
COUNCIL FOR SOCIAL SERVICE PROFESSIONS**

NOTICE

Change of name and/or change of residential and postal address

(registered social workers, social auxiliary workers, student social workers, student social auxiliary work, child and youth care workers, auxiliary child and youth care workers, student child and youth care workers and student auxiliary child and youth care workers)

SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

SACSSP
Private Bag X12
Gezina
Pretoria
0031

ENQUIRIES:
Email: regtemp7@sacssp.co.za
Telephone: (012) 356 8300
www.sacssp.gov.za

GENERAL INSTRUCTIONS

- FORM RR.1 needs to be completed to notify the Registrar regarding a change in name and/or change in residential or postal address or other contact details
- FORM RR.1 must be completed **personally by the applicant** - in print or typed.
- Study FORM RR.1 carefully *before* completing it.
- Read the instructions with each section and answer all questions fully, clearly and correctly.
- Fields that do not apply to you must be clearly deleted. *Draw a line through such field.*
- If you have to make any corrections to your answers - *initial* next to the correction made in the right margin.
- Incomplete and/or non-compliant applications **will not be processed** and will be referred back to the applicant. Therefore, make sure that the application is completed correctly and submitted with *all the required supporting documents*. See each Section for the documents that must accompany FORM-RR.1.
- Complete the **checklist** at the end of FORM RR.1 before you submit it.
- Print and return this original FORM RR.1 to the SACSSP by registered mail or courier mail services for ease of tracking. *Address is on page 3.*
- Council is required to keep a Register of persons registered in terms of section 19 of the Act and the fields marked with a _R will be visible to the public.

INSTRUCTIONS:

SECTION A: Registration number
• **Must be completed** by all applicants. Insert your SACSSP registration number.

PART B: Personal Particulars
• ALL fields in Part B marked with an * **must be completed** whether it has changed or not. If a field is not compulsory (not marked with an *) only complete the parts that have changed.

IMPORTANT:

- Change in name and surname:** A certified copy of documentary proof of the change must be must accompany (attached) this notice.
- Change in marital status:** A certified copy of documentary proof of change must accompany (attached) this notice.

Every social service practitioner registered with the South African Council for Social Service Professions is legally obliged under the specific Regulations pertaining to his or her profession to notify the Registrar

- within **three (3) months** of a name change with supporting evidence; and
- within **six (6) weeks** of any change in residential or postal address or other contact details

as to ensure that his or her particulars are up to date in the Registers kept by Council in terms of section 19 of the Social Service Professions Act 110 of 1978.

A. SACSSP REGISTRATION NUMBER

Insert the registration number linked to your profession only

-

Social worker

-

Child and youth care worker (professional category)

-

Social auxiliary worker

-

Child and youth care worker (auxiliary category)

-

Student social worker

-

Student child and youth care worker (professional category)

-

Student social auxiliary worker

-

Student child and youth care worker (auxiliary category)

B. PERSONAL PARTICULARS

Title*_R (mark **ONE** only with **X**) Prof Dr Rev Mr Mrs Ms Miss

First names*_R (as on ID)

Maiden name* (if applicable)

Surname*_R (as on ID)

ID number*

Passport No¹ (if applicable) Country of origin

Date of birth* (YYYY/MM/DD) - -

Gender^{2*}_R (mark with **X**) Male Female Home language

Marital status^{2*} (mark with **X**) Never married Married Divorced Widowed Widower

Population group² (mark with **X**) African Coloured Indian White Other

Disability² (mark with **X**) Yes No If YES, specify

¹ Only complete if you do not have an ID number

² Information for equity and statistical purposes

Proceed to SECTION C on the next page

INSTRUCTIONS:

SECTION E: Employment
SECTION E-1

Must be completed by all applicants whether it has changed or not.

SECTION E-2

Must be completed by all applicants whether it has changed or not, **except applicants** who are unemployed or retired

E. EMPLOYMENT PARTICULARS

E-1. Mark ONE most appropriate option (mark ONE only with X)

Full time employed Part-time employed Self-employed Unemployed

Retired_R Full time student Other* (specify)

E-2. Current employment

Name of employer*_R

Street address*

Town*_R Postal code

Postal address* (if different)

Postal code

Telephone -

Email (write clearly)

Fax number -

Date started with present employer* y y y y - m m - c d

Post/designation*

Nature of employer (mark ONE only with X):

National Government Provincial Government Local Government Government entity

Industry Academia NPO or CBO Training organisation

Other If Other, specify

SECTION F: Declaration

- Read all parts of the declaration in Section F carefully.
- Sign FORM RR.1 and append the date of completion in the provided spaces.
- Complete the check list below **before** you submit the application.

FINAL CHECK LIST:

Before submitting your application check the following:

- FORM RR.1 is completed correctly and signed in page 3.
- All applicable fields and pages are completed and I have double checked

Attachments (as applicable)

- Certified copy of documentary proof of change in first names and/or surname
- Certified copy of documentary proof of change in marital status
- Certified copies of qualification certificates

FOR OFFICE USE ONLY

Do not complete

INTERNAL CHECK LIST

- Notice and supporting documents filed on applicant's file
- Applicant's details updated on the Register against his or her name
- If applicant indicated an opt out in terms of Section F(b) it is recorded on the Register against applicant's name.

F. DECLARATION

I, the undersigned, declare that the information furnished in this application form is true and correct in all respects and herewith request the Registrar to update my particulars in the Registers kept by Council in accordance with section 19 of the Act are up to date.

Furthermore, I, the undersigned, -

(a) understand that it is my responsibility to keep my particulars in the Register up to date and that I need to notify the Registrar of the South African Council for Social Service Professions as prescribed within three months of any name change with supporting evidence and within six weeks of any change in my residential or postal address or other contact details as indicated in this form as to enable the Registrar to update my details in the Register. (This to be done through FORM-RR.1);

(b) agree that if the Registrar receives a request in terms of section 17(2)(b) for access to the Register kept in terms of section 19 of the Act for purposes of research that the following additional personal information (information not already available to the public from the Register), i.e. postal address³ and email address, may be made available to accredited/approved researchers/students registered with a recognised higher education institution under such conditions as Council may impose to prevent the misuse of such information. I do understand that notwithstanding the aforementioned, that I may opt out by informing the Registrar in writing that the aforementioned additional personal details may not be made available to anyone for the purpose of research.

Signed at place on day of month 20 year

Signature: Applicant

Send this ORIGINAL application form with all supporting documents:

- by registered mail to: OR by courier to:
- The Registrar SACSSP Private Bag X12 Gezina Pretoria 0031
- The Registrar SACSSP 37 Annie Botha Avenue Riviera, Pretoria 0084

³ Only if postal address is not a residential/ street address

NOTE

If you **ONLY** updated Section B (with no name changes), Section C & Section E, you may email a clear signed scanned copy to regtemp7@sacssp.co.za AND send the original FORM RR.1 by ordinary mail. NOTE: the original completed FORM RR.1 **must follow** the emailed version