



**MAGISTRATES' COURTS JUDICIARY
REPUBLIC OF SOUTH AFRICA**

JUDICIAL QUALITY ASSURANCE
OFFICE
C/O MAGISTRATES COMMISSION
P O BOX 9096
PRETORIA
0001

12 July 2012

**Circular Letter 64 of 2012
(File 7/2/4/1 MC)**

**CHILDREN'S ACT, NO. 38 OF 2005 : AMENDMENT TO GENERAL
REGULATIONS REGARDING CHILDREN**

Attached a copy of Government Notice no. R497 dated 29 June 2012 published in Government Gazette no. 35476 dated 29 June 2012 by the Department of Social Development amending the General Regulations Regarding Children for your information and distribution to all magistrates.

A handwritten signature in black ink, appearing to read 'J. Barnard'.

**J BARNARD
JUDICIAL QUALITY ASSURANCE OFFICE:
PRETORIA**

**TO ALL HEADS OF ADMINISTRATIVE REGIONS AND REGIONAL COURT
PRESIDENTS**

GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT

No. R. 497

29 June 2012

CHILDREN'S ACT, 2005

AMENDMENT: GENERAL REGULATIONS REGARDING CHILDREN

The Minister of Social Development has, in terms of section 306 of the Children's Act, 2005 (Act No. 38 of 2005), made the regulations in the Schedule.

SCHEDULE

1. In these regulations "the Regulations" means the regulations published by Government Notice No. R.261 of 1 April 2010.

Substitution of regulation 33 of the Regulations

2. Regulation 33 of the Regulations is hereby substituted by the following regulation:

"Reporting of abuse or deliberate neglect of child

33. (1) A report by a person contemplated in section 110(1) of the Act, who on reasonable grounds concludes as provided for in that section that a

child has been abused in a manner causing physical injury, sexual abused, emotionally abused or deliberately neglected, must be made to the provincial department of social development, a designated child protection organisation or a police official in a form substantially corresponding to Form 22 by completing that form to the best of that person's ability and by including in the form such particulars as are available to him or her.

(2) A designated child protection organisation or police official to whom a report contemplated in sub-regulation (1) has been made, must submit the completed Form 22 to the relevant provincial department of social development.

(3) The provincial department of social development or designated child protection organisation to whom a report contemplated in sub-regulation (1) has been submitted, must submit the particulars of the abuse in a form identical to Form 23 to the Director-General for inclusion in Part A of the National Child Protection Register."

Amendment of regulation 40 of the Regulations

3. Regulation 40 of the Regulations is hereby amended by the substitution for paragraph (a) of sub-regulation (3) of the following paragraph:

"(a) particulars regarding the date and place of the incident or act that led to the inclusion of the affected person's name in Part A of the National Child Protection Register; and".

Amendment of regulation 53 of the Regulations

4. Regulation 53 of the Regulations is hereby amended by the substitution for sub-regulation (1) of the following sub-regulation:

"(1) A person authorised by a court order, a designated social worker or a police official who removes a child and places such child in temporary safe care –

(a) in terms of a children's court order contemplated in section 151(2) of the Act; or

(b) without a court order in terms of section 152(1) of the Act,

must complete a form substantially corresponding to Form 36 and submit it to the temporary safe care with admittance".

Substitution of regulation 107 of the Regulations

5. Regulation 107 of the Regulations is hereby substituted by the following regulation:

"Fees payable to accredited child protection organisations

107. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an adoption:

SERVICE	MAXIMUM AMOUNT
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions)	R275, 00 per hour;
(c) Home visits (maximum four visits)	R440, 00 per hour;
(d) Home study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour;
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off payment; and
(i) Child study report	R500, 00 per report."

Insertion of regulation 114A in the Regulations

6. The following regulation is hereby inserted after regulation 114 of the Regulations:

"Fees payable to accredited child protection organisations

114A. The following fees, which must be reviewed annually, must be paid to an accredited child protection organisation in respect of an inter-country adoption:

SERVICE	MAXIMUM AMOUNT
(a) Group orientation	R275, 00 per session;
(b) Interview/counselling (maximum four sessions)	R275, 00 per hour;
(c) Home visits (maximum four visits)	R440, 00 per hour;
(d) Child study report	R550, 00 per report;
(e) Court processes	R550, 00 per day;
(f) Birth registration	R187, 00 per hour;
(g) Administration costs	R187, 00 per hour;
(h) After-care services	R550, 00 once-off payment."

Amendment of Annexure A

7. Annexure A to the Regulations is hereby amended by the substitution of Forms 22, 23, 29 and 30 of the corresponding forms as set out in the Annexure to these regulations.

Commencement

8. These regulations will come into effect on the date of publication of the notice.

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 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:						

<input type="checkbox"/> Child abuse	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking	<input type="checkbox"/> Street child
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction	

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

FORM 22

Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> 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:
5.1)		
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:	
Street Address (include postal code):	<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"/> Aunt <input type="checkbox"/> Uncle	
	<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	
Postal Code:	<input type="checkbox"/> Other (specify) Other (specify)	
5.2) WHEREABOUTS OF ALLEGED PERPETRATOR:		
<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 (Name/Place.....)		
<input type="checkbox"/> Living somewhere else (Address.....)		
<input type="checkbox"/> Whereabouts unknown <input type="checkbox"/> Un-identified		

FORM 22

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: <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)									
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: <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"/> Fetal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries <input type="checkbox"/> No visible injuries (elaborate)									

FORM 22

<input type="checkbox"/> Poisoning (specify)		<input type="checkbox"/> Other Behavioral or physical (specify)					
EMOTIONAL: <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)							
SEXUAL: <input type="checkbox"/> Contact abuse <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)							
DELIBERATE NEGLIGENCE: <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							
7.3) Indicate overall degree of risk to child: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown							
7.4) Where applicable, tick the secondary type of abuse or multiple abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25%;">Sexual</td> <td style="border: 1px solid black; width: 25%;">Physical</td> <td style="border: 1px solid black; width: 25%;">Emotional</td> <td style="border: 1px solid black; width: 25%;">Deliberate Neglect</td> </tr> </table>				Sexual	Physical	Emotional	Deliberate Neglect
Sexual	Physical	Emotional	Deliberate Neglect				
Brief explanation of occurrence(s) (including a statement describing frequency and duration)							
8. 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:				

FORM 22

Telephone No:	Telephone No:	Telephone No:	Telephone No:
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9. 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

10. 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	
		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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 119(1))					
CAPACITY OF INFORMANT					
Carer/giver	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					

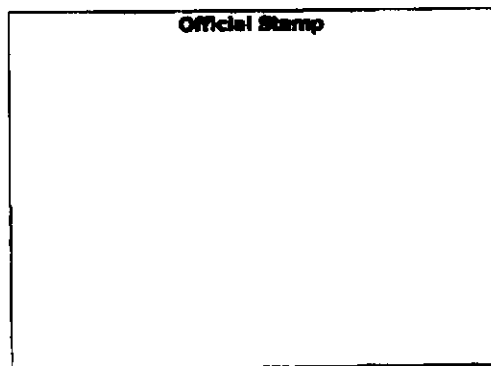
(*) = Complete if information is available or applicable

FORM 22

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: _____



FEEDBACK REPORT: FORM 23

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

(Regulation 33)

[SECTION 110(9) 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)		<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 child protection organisation:		DD	MM	CCYY

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

Disability:	Nature
<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)

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"/> Tuberculosis <input type="checkbox"/> Cardiac disease
	<input type="checkbox"/> Other(specify)

FEEDBACK REPORT: FORM 23

4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION	
<input type="checkbox"/> child abuse <input type="checkbox"/> Child labour <input type="checkbox"/> Child trafficking <input type="checkbox"/> Street child <input type="checkbox"/> Commercial sexual exploitation <input type="checkbox"/> Exploited children <input type="checkbox"/> Child abduction	
5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number :	
6. CONTACT PERSON (ALTERNATIVE CONTACT PERSON)	
Surname:	Name:
Physical Address:	Postal address:
Relationship to child:	
Telephone number:	Mobile:
7.1) CONTACT PERSON (ALTERNATIVE CONTACT PERSON)	
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/policia officer/teacher/caregiver/priest/dr/Volunteer <input type="checkbox"/> Other (specify)
Street Address (include postal code):	
Postal Code:	
7.2) WHEREABOUTS OF ALLEGED ABUSER:	

FEEDBACK REPORT: FORM 23

<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			
7.3 ABUSE HAS BEEN CONFIRMED: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	DD	MM	CCYY
Type: <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Deliberate Neglect					

Surname: Father / Step-father				Full name(s)				
Date of Birth:		DD	MM	CCYY	Gender:		M	F
ID no:				Age:				
Surname: Mother / Step-mother				Full name(s)				
Date of Birth:		DD	MM	CCYY	Gender:		M	F
ID no:				Age:				
Also known as:								
Names and ages of siblings or other children if helpful for tracking								
Surname		Full name(s)			Age/Date of birth			
Street Address (include postal code):						Postal Code:		

9. ABUSE										
Date of Incident:			If date unknown (mark with X here):		Epidemic/ensuing from (date)			Reported to CPI:		
DD	MM	CCYY			DD	MM	CCYY	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)										

FEEDBACK REPORT: FORM 23

9.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)			
Physical	Emotional	Sexual	Deliberate neglect
9.2) INDICATORS (Check any that apply)			
PHYSICAL: <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"/> Warts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fetal 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)			
EMOTIONAL: <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behavior <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)			
SEXUAL: <input type="checkbox"/> Contact abuse <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)			
DELIBERATE NEGLECT: <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			
9.3) Indicate overall degree of Risk to child:			
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown			
9.4) 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)			

FEEDBACK REPORT: FORM 23

10. 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			

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

12. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)				
Reported to SAPS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Charges laid: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date DD MM CCYY

FEEDBACK REPORT: FORM 23

CASE NR	Police Station	Telephone Nr
Name of Police Officer		Rank of Police Officer
12.1) Police intervention: <input type="checkbox"/> None <input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact <input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation		11.2) Offender guilty of previous abuse: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type of conviction: Date: DD MM CCYY

13. 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	

14. CURRENT FUNCTIONING OF THE FAMILY:							
CAUSATIVE FACTORS	Complete if not known to a welfare organisation : Current Situation		If known to organisation/ department				
			Deterioration (To be completed on subsequent assessment)		Improvement (To be completed on subsequent assessment)		Unchanged (To be completed on subsequent assessment)
	Yes	No	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							

FEEDBACK REPORT: FORM 23

<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							
14.2) 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							

14.3) Environment	Current situation		If child is known to Child Protection Organization		Improvement		Unchanged
	Yes	No	Slight	Significant	Slight	Significant	
<input type="checkbox"/> unemployment							
<input type="checkbox"/> social isolation	Yes	No					
<input type="checkbox"/> housing: I = informal F = Formal	I	F					
<input type="checkbox"/> finances: U = unemployed E = employed	U	E					
<input type="checkbox"/> other							

14.4) Services provided	By (Name of service provider)	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		

FEEDBACK REPORT: FORM 23

<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)		

14.5) Evaluation of case		
14.6) Planning for family and child at risk		
14.7) Recommendation		
Investigation conducted by: (Name of Organisation):	Date	
	DD	MM CCYY
Reporting person:		
Caseworker(s) (please print):	Signature:	

15. 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:

FEEDBACK REPORT: FORM 23

Also known as:	Relationship to child:	Street Address (include postal code)
		Postal code

16. 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 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 X801
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:			
Alias (also known as):						
* ID no:			* Passport no:			
Physical Address:			Postal Address:			
* Telephone no:			Mobile no:			
The above-mentioned person will be / is currently* employed in the following position:						

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

FORM 29

Employer's Physical Address:	Employer's Postal Address:
Employer's telephone no/s:	Other contact details:

3. ATTACHED DOCUMENTS:

A certified copy of the following documents is attached as verification of identity:

- ☐ authentic signed letterhead of employer or prospective employer
- ☐ certified copy of birth certificate, identity document or passport of person who signed letterhead
- ☐ certified copy of birth certificate, identity document or passport of person to be screened.

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 50(1)(b))
[SECTION 126(3) OF THE CHILDREN'S ACT, (No 38 OF 2005)]**

TO: The Director-General
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:

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

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:	
Telephone No:	* Cellular No:

(* - if applicable)

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

Yours sincerely

(Signature)

(Date)

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