



SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS



SOCIAL WORK READINESS PROGRAMME

APPLICATION

by unemployed and/or newly qualified social workers

A partnership programme between the South African Council for Social Service Professions (SACSSP) and Health and Welfare Sector, Education and Training Authority (HWSETA)

SACSSP
37 Annie Botha Avenue
Riviera,
Pretoria
0084

SACSSP
Private Bag X12
Gezina
Pretoria
0031

ENQUIRIES:
Email: SWRP@sacssp.co.za

Telephone: (012) 356 8300

www.sacssp.co.za

About the Programme

Social Work Readiness Programme is partnership programme between the SACSSP's Professional Board for Social Work and HWSETA with the purpose to enhance and facilitate the employability of unemployed social workers and newly qualified through a custom designed capacity development programme that focuses on knowledge, skills and experience to support their readiness and transition to employment. The Programme aims promote an understanding of organisational structure and culture, clarify roles and responsibilities, and promote inter-dependent collaborations in line with the mandate and strategic objectives of the employers. It further recognises that induction is a key factor in increasing retention of social workers in the sector.

Criteria

The criteria to participate in the *Social Work Readiness Programme* are:

- A four-year Bachelors Degree in Social Work.
- Registered with SACSSP as a social worker.
- Currently unemployed as a social worker (graduated since 2015 and to date are still unemployed) or is newly qualified (completed studies in social work end of 2020).

GENERAL INSTRUCTIONS:

1. FORM E.2.8.1 needs to be completed by an unemployed social worker and/or newly qualified social worker who meets the criteria and wishes to apply to participate in the *Social Work Readiness Programme*.
2. Please note the **closing date** for applications on the information brochure or on the SACSSP's website.
3. FORM E.2.8.1 must be completed **personally by the applicant** - in print or typed.
4. Study FORM E.2.8.1 and the instructions carefully before completing it.
5. All sections and fields must be completed. Fields marked with an* must be completed if applicable.
6. Incomplete and/or non-compliant applications will not be processed. Therefore, make sure that the application is completed correctly and submitted with all the required supporting documents.

SACSSP Registration number

 -

A. PERSONAL PARTICULARS

Title (mark **ONE** only with **X**)

Prof ☐ Dr ☐ Rev ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐

First names (as on ID)

Surname (as on ID)

ID number

Date of birth (yyyy-mm-dd)

 - -

Gender² (mark with **X**)

Male

☐

Female

☐

Home language

Population group² (mark with **X**)

African

☐

Coloured

☐

Indian

☐

White

☐

Other

☐

Marital status² (mark with **X**)

Never married

☐

Married

☐

Divorced

☐

Widow

☐

Widower

☐

Disability (mark with **X**)

Yes

☐

No

☐

If **YES**, specify below

Registered disability*

Total

☐

Partial

☐

Mental

☐

Physical

☐

Hearing

☐

Sight

☐

Country of birth

Nationality

Are you a South African citizen by birth? Yes ☐ No ☐

If not, indicate the date SA citizenship was acquired

To be completed by applicants who are not South African citizens (if applicable)*

Passport No

Country of issue

Expiry date

Work permit no

Type of permit

Expiry date

Permanent residence status Yes ☐ No ☐

Date granted

B. CONTACT DETAILS

Province (mark with **X** in block)

EC

☐

FS

☐

GA

☐

KZ

☐

LP

☐

MP

☐

NW

☐

NC

☐

WC

Residential address

Postal code

Postal address

Postal code

Mobile / Cel number

Telephone(h)*

Email (write clearly)

Emergency contact details:

Relationship:

Spouse

☐

Child

☐

Next of kin

☐

Friend

☐

Name and surname of contact person

Mobile / Cel number

¹ Only complete if you do not have an ID number

² Information for equity and statistical purposes

INSTRUCTIONS:**SECTION C**

Certified copy of all qualifications in social work must accompany this application

FINAL CHECK LIST FOR APPLICANT:

Before submitting your application check the following:

- ☐ FORM E.2.8.1 is completed correctly
☐ All applicable fields and pages are completed and I have double checked
☐ FORM E.2.8.1 is signed and dated on page 2.

Attachments

- ☐ Certified copy(ies) of each qualification (see Section C)
☐ Updated curriculum vitae (CV)
☐ Motivation letter

IMPORTANT

Incomplete applications and/or applications received after the closing date cannot be processed

C. ACADEMIC PARTICULARS

	Qualification	Training institution	Date conferred
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. DOCUMENTARY PROOF THAT MUST ACCOMPANY THIS APPLICATION

This application **must be accompanied** by the following documents to be regarded as a complete and valid application:

1. Certified copy of each qualification in social work indicated in Section C.
2. An updated curriculum vitae (CV)
3. Letter of motivation written by yourself indicating why you should be considered to participate in the *Social Work Readiness Programme*.

E. DECLARATION

I, *the undersigned*, declare that the information furnished in this application form is true and correct in all respects and that I am unaware of anything which would serve as an impediment to being considered for participation in the *Social Work Readiness Programme*.

Furthermore, I, the undersigned, -

- *confirms* that I meet the criteria for consideration to participate in the *Social Work Readiness Programme*;
- *understand*, selection to participate in the *Social Work Readiness Programme* is subject to the meeting the required criteria, which include a complete application with the required supporting documents and applying before the closing date, as well as the availability of space; and
- *have attached* the required supporting document as indicated in section D of this application form.

Signed at place on day of month 20 year

Signature: Applicant

Submit this application form with all supporting documents the SACSSP by the closing date to SWRP@sacssp.co.za

FOR OFFICE USE ONLY *Do not complete***INTERNAL CHECK LIST**

- ☐ Application complete
☐ Certified copy(ies) of each qualification included
☐ Updated curriculum vitae (CV) included
☐ Motivation letter included
☐ Application signed and dated

Date received (dd/mm/yy)	<input type="text"/> - <input type="text"/> 20 <input type="text"/>	Date receipt was acknowledged	<input type="text"/> - <input type="text"/> 20 <input type="text"/>
Application file reference (file) number	<input type="text"/>		File opened Y <input type="checkbox"/> N <input type="checkbox"/>
Application is:	Complete <input type="checkbox"/> Incomplete <input type="checkbox"/>	Category:	Unemployed swr <input type="checkbox"/> Newly qualified swr <input type="checkbox"/>
Referred to review panel on:	<input type="text"/> - <input type="text"/> 20 <input type="text"/>	Date panel made decision	<input type="text"/> - <input type="text"/> 20 <input type="text"/>
OUTCOME: Application was:	Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Not approved <input type="checkbox"/>		
Applicant informed of outcome on	<input type="text"/> - <input type="text"/> 20 <input type="text"/>	Date applicant to start Programme	<input type="text"/> - <input type="text"/> 20 <input type="text"/>
Comments (if applicable)			