

FORM 16
APPLICATION FOR THE REGISTRATION/ CONDITIONAL REGISTRATION/ RENEWAL OF
REGISTRATION OF AN EARLY CHILDHOOD DEVELOPMENT PROGRAMME
(Regulation 24)
[SECTION 96 OF THE CHILDREN'S ACT 38 OF 2005]

(A) PARTICULARS OF APPLICANT

Name of applicant: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Telephone: _____ Cell phone: _____

Fax number: _____ E-mail: _____

(B) CHILDREN

Number of children to whom the programme will be presented-----

Age Groups	Number of Children	Gender	Number of children with special needs	Number of staff per child age group
1 month – 18 months				
18 months – 3 years				
3 – 4 years				
5 – 6 years				
Total				

Days of operation:
 From..... To.....

Hours Operation:
 From..... To.....

(C) SUPPORTING DOCUMENTS

The following supporting documents must be attached for the registration purposes:

- the overview of the early childhood development programme in respect of which application is made for registration;
- an implementation plan for the early childhood development programme in respect of which application is made;
- the staff composition including an exposition of the prescribed and other skills with supporting documents and including copies of any qualifications and Identity documents in respect of staff that will be responsible to provide the early childhood development programme;

Name of the Practitioner	Position	ID Number	Gender	Qualifications/Other Certificates	Date of appointment/ Experience

- In the case of a partial care or child youth care centre, the relevant registration as a partial care or child and youth care centre;
- a clearance certificate that the name of the applicant does not appear in the National Register for Sex Offenders established by Chapter 6 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 Of 2007 or in Part B of the National Child Protection Register established by Part 2 of Chapter 7 of the Act.

(D) **GENERAL REMARKS**

Any additional remarks by the applicant in support of the application: _____

I certify that the above-mentioned particulars are, to the best of my knowledge, true and correct.

SIGNATURE OF APPLICANT

CAPACITY

DATE

