

ANNEXURE N

APPLICATION/RENEWAL FORM FOR ACCREDITATION OF CHILD PROTECTION ORGANISATIONS

(In terms of Section 251 & 259 of the Children's Act 38 of 2005)

Please complete all the entries in this application form.

The application form must be originally signed by Management of the organization.

Please submit two copies of original application form with two certified copies of required documents.

IDENTIFYING DETAILS CHILD PROTECTION ORGANISATION

Date of application			
Name of Organisation Affiliation to any organisation (If yes, please give the name the of the organisation)			
Proof of NPO Registration	Attach Annexure A, Tick if Attached		
NPO Registration Number			
Organisation Physical Address			
Organisation Postal Address			
Organisation Telephone Number(s)	Code		No
	Code		No
Organisation Fax Number(s)	Code		No
	Code		No

ANNEXURE N CONT....

Email Address				
Website Address (if any)				
	Title		Names	
Main Contact Persons				
First Names				
Surname				
Title				
Telephone/Mobile Number				
Position in the Organisation				
Fax Number				
Email Address				
Additional Contact Person				
First Names				
Surname				
Title				
Telephone/Mobile Number				
Position in the Organisation				
Fax Number				
Email Address				
Nature of Organisation	Emerging		Established	
Years of Existence				
Accreditation required (National, Intercountry or both)				
Type of Business Premises	Owned		Leased	
Business Premises are Located in	Residential Area		Business / Industrial Area	
If business premises are owned, please provide certified copy of proof of ownership	Attach Annexure B		Tick this box when attached	
If business Premises are Leased or Shared, please provide a certified copy of appropriate agreement	Attach Annexure C		Tick this box when attached	

ANNEXURE N CONT....

DECLARATION

I _____ (Print full name of Director/Manager) declare that _____ (name of organisation) gives permission to Department of Social Development representatives to monitor and evaluate all adoption activities of the abovementioned organisation.

The abovementioned organisation also undertakes:

- To act on the DSD recommendation and submit an action plan to remedy any gaps identified (if required)
- To adhere to DSD recommendations, failure of which may result to consideration of suspension, cancellation or termination of accreditation by DSD

Full Names:

Capacity (Board Chairperson):

Signature:

Date:

Place:

Full Names:

Capacity (Director of the organisation):

Signature:

Date:

Place

Full Names:

Capacity (Adoption Programme Manager):

Signature:

Date:

Place

ANNEXURE N CONT....

FOR DSD OFFICE USE ONLY										
Name of Organisation										
Accreditation Reference Number										
Received By										
Date Received	2	0			-			-		
Evaluated By										
Date Evaluated	2	0			-			-		
Comments										