**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** |
| **Male** | **Female** |
| 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 ofappointment/ Experience |
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* 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 0f 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