

## 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) PAF	RTICULARS OF A	APPLICANT	
Name of applicant:				
	***************************************			
-				
Postal address:				
			Postal co	ode:
Telephone:		Cell phone:		
Fax number:		E-mail:		The second state
	whom the programme	will be presented-	CHILDREN	
Age Groups	Number of Children	Gender	Number of children with special needs	Number of staff per child age group
1 month – 18 months			The special needs	orma age group
18 months – 3 years			1	
3 – 4 years 5 – 6 years				·
Total				
, ota,				
Days of operation: Fro	m	То		••
Hours Operation: From	m	To		

SU	PPORTIN	NG DOCUN	IENTS	
-번째번조 1146 - 442	1 May 1		. 44. **	ON 2 2 3

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

(C)

- 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 appointment/	of
					Experience	
			CHANGE TO THE STREET OF THE ST		:	
				-		

- 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.

GENERAL REMARKS

Any additional remarks by the applicant i	n support of the application:	
I certify that the above-mentioned particution	ulars are, to the best of my kno	owledge, true and correct.
SIGNATURE OF APPLICANT	CAPACITY	DATE