

APPLICATION FOR ADMISSION TO CHILD AND YOUTH CARE CENTRE

Name of Organisation	
Postal Address	
Office Address	
Office Telephone Number	
Cell Phone Number	
Email Address	
Name of Social Worker	

1. IDENTIFYING PARTICULARS

BIOLOGICAL MOTHER / FOSTER MOTHER	BIOLOGICAL FATHER / FOSTER FATHER	
	SURNAME	
	NAME	
	DATE OF BIRTH	
	MARITAL STATUS	
	HOME ADDRESS	
	HOME LANGUAGE	
	RACE	
	CHURCH AFFILIATION	
CHILD(REN) CONCERNED	GENDER <i>Indicate whether the child identifies with another gender</i>	DATE OF BIRTH <i>A birth certificate is a prerequisite for admission</i>

2. CHILDREN'S COURT ENQUIRY

2.1 *Has the children's court inquiry been finalized?*

Yes		No	
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If yes, Date	
Place	

2.2 *What were the reasons for opening the children's court inquiry?*

2.3 *What is the present statutory position of the child?*

2.4 *What is the reason why the current placement is unsuccessful?*

2.5 *Has the child been prepared for an alternative placement?*

Yes		No	
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I TAKE NOTE THAT CHILDREN SHOULD BE PREPARED FOR THEIR POSSIBLE TRANSFER TO ALTERNATIVE CARE.

2.6 *Is the child aware that mobile devices (cell phones, tablets, smartwatches, etc.) are not allowed during the initial assessment period?*

Yes		No	
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I AM AWARE OF THE POLICY OF THE CENTRE THAT CHILDREN ARE PROHIBITED FROM HAVING A MOBILE DEVICE DURING THE ASSESSMENT PERIOD. IT IS THE RESPONSIBILITY OF THE SOCIAL WORKER WHO APPLIES FOR ADMISSION TO ENSURE THAT A CHILD DOES NOT BRING SUCH A DEVICE.

3. ACADEMIC INFORMATION AND BACKGROUND

3.1

Mainstream		Special education	
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Grade		Year	
The last school attended			
Date			

3.2 *Describe the academic progress and attach the last school report if available*

3.3 *In what language is the child currently being educated? (Choose)*

Afrikaans	English	Sotho	Ander / Other:
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3.4 *Language proficiency:*

Language	Good	Average	Poor	Not at all
Afrikaans				
English				
Sotho				
Xhosa				

3.5 *School attendance:*

Very good	Good	Poor
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3.6 *Has the child previously been expelled from a school? If yes, give reasons:*

3.7 *Describe challenging or concerning behaviour displayed at school.*

4. MEDICAL INFORMATION

4.1 *Physical disabilities:*

4.2 *Chronic diseases:*

4.3 *Medication:*

Present.	Previously.

Who is the physician who prescribed the current medication and contact details of the physician?

<i>Who will supply the medication during the assessment period?</i>

4.4 *Does the child suffer from any of the following?*

<i>Asthma</i>	Yes	No
<i>Epilepsy</i>	Yes	No
<i>Enuresis</i>	Yes	No
<i>Encopresis</i>	Yes	No
<i>Diabetes</i>	Yes	No
<i>Allergies</i>	Yes	No
<i>Depression</i>	Yes	No

5. FAMILY RELATIONSHIPS

Describe the child's relationship with parents / foster parents / siblings.

6. CONTACT DETAILS OF SIGNIFICANT OTHERS IN THE CHILD'S LIFE

6.1 *Are there any persons prohibited from contacting the child?*

6.2 *With whom should the child be placed for leave of absence during weekends and holidays? (Give names and addresses)*

6.3 *What is the immediate plan with regard to reunification services with significant others?*

7. WHAT IS THE LONG-TERM PLAN FOR THE CHILD? (e.g. foster care, reunification with parents)

8. EMOTIONAL STATE OF CHILD

8.1 Does the child receive any physiological or psychiatric treatment? Specify.

8.2 Describe any other assistance the child has previously received for example Social work intervention, child guidance clinic, or counselling with a pastor.

8.3 Has the child been sexually abused? If yes, by whom, has it been reported and what form of treatment did the child receive?

9. BEHAVIOUR

9.1 Pshyco-Social Development - Mark the appropriate and describe.

Describe			
<i>Dependent</i>			<i>Independent</i>
<i>Easy</i>			<i>Difficult</i>
<i>Friendly</i>			<i>Hostile</i>
<i>Uniform</i>			<i>Moody</i>
<i>Accommodating</i>			<i>Aggressive</i>
<i>Co-operative</i>			<i>Non-co-operative</i>
<i>Tolerant</i>			<i>Demanding</i>
<i>Irritable</i>			<i>Engaging</i>
<i>Forward</i>			<i>Distant, withhold</i>
<i>Affectionate</i>			<i>Bully</i>
<i>Attention seeking</i>			<i>Apathetic</i>
<i>Selfish</i>			<i>Generous</i>
<i>Helpful</i>			<i>Incoherent</i>

9.2 Mark behaviour problems and describe:

<i>Theft</i>		
<i>Lying</i>		
<i>Anger tantrums</i>		
<i>Truancy</i>		
<i>Absconding</i>		

Mark behaviour problems and describe them:

Sexually active		
Smoke		
Any other dependent drugs		
Self-mutilation		

9.3 *If any sexual problems are present name them for example fondling, molestation, sodomy, or any other.*

9.4 *Has the child ever been violent? Describe.*

9.5 *Was the child previously in conflict with the law and attended diversion programmes? Give details regarding the crime committed as well as the dates applicable*

9.6 *Has the child ever hurt himself or others? Describe.*

10. CHURCH PARTICIPATION

10.1 *Which church is the child currently attending?*

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10.2 *Has the child been baptized?*

Yes		No	
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10.3 *In which church?*

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11. HAVE YOU APPLIED AT ANY OTHER YOUTH CARE CENTRE AND WHERE?

Yes		No	
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Where?

12. HEREBY IT IS DECLARED AND AGREED:

- 12.1 *That the abovementioned information is true and correct.*
- 12.2 *That permission is given to the relevant Engo CYCC to process the given information within the guidelines and requirements of the SACSSP, Children's, and POPI Acts.*
- 12.3 *That if the child(ren) is admitted to the child and youth care centre, they are involved in therapeutic and developmental programmes as required by the Children's Act 38 of 2005.*
- 12.4 *The temporary safe care placement will be subjected to an assessment in terms of Sec 7 and 158 of the Children's Act 38 of 2005. A Multi-therapeutic team discussion will be held within 3 months after the admission to determine the best interest of the child and whether a CYCC is deemed as the most empowering and least restrictive position of care. Please note that the period for assessment can be extended if the CYCC is convinced it is in the child's best interest.*
- 12.5 *Also, note that if the multi-therapeutic team determines that the placements are not in the children's best interest because the child is not benefitting from the programmes offered it remains the child protection social worker's responsibility to arrange alternative care.*
- 12.6 *That we are aware of the principle of confidentiality that is upheld and the limitations thereof. Feedback to the family will be given by the designated social workers.*
- 12.7 *Signing a formal work agreement is a required condition for admission.*

13. SUPPORTING DOCUMENTS WITH ADMISSION

If the application is approved, the following documents must be submitted with admission.

TYPE OF DOCUMENT	Tick if a document is attached to the application form.
<i>Original Court order (opening of children's court)</i>	
<i>Copies of previous statutory reports and background reports</i>	
<i>Copies of previous court orders</i>	
<i>The most recent school report</i>	
<i>School transfer letter (where applicable)</i>	
<i>Original birth certificate/Age estimation</i>	
<i>Clinic card</i>	
<i>Medical report (Form 7)</i>	
<i>Assessment reports (Educational, Psychological, etc.)</i>	
<i>Contact details of the parents/family/caregivers</i>	

SOCIAL WORKER

DATE