

FORM 41

APPLICATION FOR EXTENSION OF PLACEMENT IN ALTERNATIVE CARE BEYOND 18 YEARS OF AGE

(Regulation 69(1))

[SECTION 176 OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Head of the Provincial Department of Social Development

..... (Province)

..... (Address)

.....

.....

Dear Sir / Madam

In terms of section 176 of the Children's Act, 38 of 2005, I

..... (full names and surname) wish to apply for an extension of the period for which I have been placed in alternative care until the completion of my education or training. I understand that I may not continue to reside in alternative care beyond the end of the year in which I reach the age of 21 years. A certified copy of one of the following documents is attached as verification of my identity and proof of age (mark with an "x"):

- ☐ Birth certificate (only if not in possession of identity document or passport)
- ☐ Identity document
- ☐ Other

I am currently placed in alternative care with the following person/place/centre/facility/premises*:

..... (name)

..... (address)

.....

.....

.....

..... (contact person)

..... (tel. no.)

Date on which placement in alternative care is due to expire:

Nature of alternative care (mark with an "x"):

- ☐ Foster care
- ☐ Child and youth care centre

The following documents are attached in support of my application:

- ☐ An originally signed letter from my current alternative care-giver to the effect that he/she/they* is/are* willing and able to care for me; and

- ☐ An originally signed letter from the head of my education or training facility indicating that I have the capability to complete my education or training.

(* - delete which is not applicable)

I declare that my continued stay in alternative care is necessary to enable me to complete my education or training.

My postal address is:

.....
.....
.....
.....
.....

My other contact details (telephone numbers or email address) are:

.....
.....

Yours sincerely

(Signature of applicant)

(Date)

FORM 42

CONSENT TO APPLICATION FOR A PASSPORT FOR A FOSTER CHILD/REMOVAL OF A FOSTER CHILD FROM
THE REPUBLIC
(Regulation 71(4)(b), 71(5))

Reference no: _____

Particulars of foster child in respect of whom permission is sought

Full name of child	
Date of birth	
ID number	
Address of child	
Contact details	
Age of child	
Name of foster parent	
ID Number/Passport number	
Address	
Telephone number	
Cell phone number	

Details regarding foster child's parent(s)/guardian, if whereabouts known

Name of parent/guardian				
Address				

Reasons for application for passport/consent to remove child from the Republic*

*provide detailed reasons motivating the application, and indicate if whereabouts of parents are unknown

Date of application _____

Signature of applicant _____

Name _____

By virtue of powers vested in the MEC, Social Development and delegated to the undersigned, and whereas the said foster child is currently under the foster care of (insert name) and being satisfied that sound reasons for granting permission to apply for a passport exist/ the removal of the child from the Republic is necessary, hereby give consent in terms of regulation 71(4)(b).

Consent to apply for passport _____
AND/OR

Consent to travel to _____

Consent valid from _____ until _____ (if applicable)

Given at _____ on _____

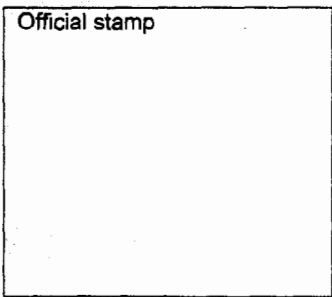
Name of officer _____

Rank _____

Signature _____

Date _____

Official stamp



FORM 43

STATEMENT BY A FOSTER PARENT REGARDING THE ADOPTION OF A CHILD IN HIS OR HER FOSTER CARE
(Regulation 73(2), 112(3)(b))

Note: Separate form must be used for each child.

TO: THE CLERK OF THE CHILDREN'S COURT FOR THE DISTRICT
 OF.....HELD AT.....

IN THE MATTER OF AN APPLICATION FOR THE ADOPTION OF A CHILD

I/We (1) (full names)

(2) (full names).....

Id number (1).....(2).....

And residing at:.....
Being the foster parent(s) of the child.....

(full names of child)

Date of birth/ID number of child.....

Relationship to child if applicable (grandmother, aunt, cousin etc).....

Hereby state that:

- ☐ I/We have been informed of a pending application to adopt the aforementioned child; and
- ☐ I/We do not wish to submit an application to adopt the child concerned

(mark appropriate box with an X)

Foster parent 1_____
Foster parent 2

Place:.....

Date:.....