

How to Fill Out the Application Form (4 Steps)

1. Fill out the appropriate category section

There are three categories of membership. Written descriptions of each category are below. **Once you have identified your category, please fill out the forms corresponding to that category only.** Category 1 and 2 members qualify for their information to be included on the Adoption National Assistance Centre public database, if desired. Select category 3 support services can be listed on the database, such as support groups, after review and approval.

Category 1: Accredited Service Providers (Pages 3-4)

- Adoption Accredited Child Protection Organisations
- Adoption accredited social workers in private practice

Proof of current registration in terms of Children's Act no 38 of 2005 from Department of Social Development must be submitted with this application. Individual social workers employed by accredited CPO's must provide the CPO's adoption registration docs.

Category 2: Support Services (Pages 5-6)

Registered facilities that offer support services to adoption, such as

- Child Protection Organisations (non adoption accredited)
- Social Workers in private practice (non adoption accredited)
- Child and Youth Care Centres (CYCC)
- Birth Mother facilities
- Crisis Pregnancy Centres and other Crisis Services
- Other support services

Proof of current registration as an NPO, along with DSD registration, must be submitted with this application.

Category 3: Friends of Adoption (Page 7)

- Social workers employed by a CPO or by the DSD
- Support groups
- Interested individuals or parties
- Adoptees
- Adopters
- Birth parents

No accreditation or registration documentation is needed.

2. Agree to abide by the Code of Conduct (Page 8)

Everyone must fill out the final page regarding the Code of Conduct (Page 10).

3. Submit the application and corresponding documentation

You may scan and e-mail the material to nacsa@adoption.org.za

4. Submit the application fee

After submitting the EFT, send notification to nacsa@adoption.org.za

Bank Account Details

Name: National Adoption Coalition South Africa
Bank: Standard Bank

Branch: Balfour Park, Code: 009160
Account No: 302903895

Further Information Regarding Membership

Annual Dues

An annual membership fee of R150 will be due at the beginning of each calendar year, by January 31. The money will go towards administrative costs, hosting regular workshops, and running provincial coalitions.

Benefits

As a part of your membership,

- You have the opportunity to be listed on the **Adoption** National Assistance Centre database, either as an organisation or as an individual, if you are accredited or registered.
- You will receive representation and advocacy on key issues to the Department of Social Development at a National and Provincial level, as well as other key stakeholders in adoption,
- And all registered organisations and individuals will receive endorsement by the National and Provincial Adoption Coalitions.

Resources offered to members include

- Community engagement programmes
- Guidance, support, and education in service delivery best practice (CPD)
- Research and Insight on related issues
- Communication and engagement around adoption related issues
- A regular workshop for the adoption community

Category 1: Adoption Accredited Service Providers

Proof of current registration in terms of Children's Act no 38 of 2005 from Department of Social Development must be submitted with this application. Individual social workers employed by accredited CPO's must provide the CPO's adoption registration docs as well.

I am applying as:

- An individual
- An organisation

I am a:

- Adoption Accredited Child Protection Organisation
- Adoption accredited social worker in private practice

Personal Information

First Name _____ Surname _____
SACSSP Reg. No. _____ Employer: _____
SA ID # _____ Date of Birth _____
Passport # _____ Country of Issuance: _____
Email _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

If you are filling this application out on behalf of an organisation, please fill out the information below:

Official registered name of organisation: _____
NPO # _____ website _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

What are your areas of focus? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> National adoption | <input type="checkbox"/> Safe abandonment |
| <input type="checkbox"/> Intercountry adoption | <input type="checkbox"/> Temporary safe care |
| <input type="checkbox"/> Crisis pregnancy | <input type="checkbox"/> Adoption support group(s) |
| <input type="checkbox"/> Adoption information | <input type="checkbox"/> Search for origins |
| <input type="checkbox"/> Birth parent care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Housing for mothers | |

If you do intercountry adoptions, list all countries you have working agreements with, along with the adoption agency you work with and their website _____

Please select all provinces where you provide services.

- | | |
|--|---|
| <input type="checkbox"/> Gauteng | <input type="checkbox"/> Western Cape |
| <input type="checkbox"/> Limpopo | <input type="checkbox"/> Northern Cape |
| <input type="checkbox"/> Mpumalanga | <input type="checkbox"/> Eastern Cape |
| <input type="checkbox"/> North West | <input type="checkbox"/> Southern Cape |
| <input type="checkbox"/> Free State | <input type="checkbox"/> My organisation is a nationally represented body |
| <input type="checkbox"/> KwaZulu Natal | |

Would you like to be listed on the **Adoption** National Assistance Centre public database?

- Yes No

If yes, please fill out the information below.

What is your crisis hotline number, if you have one _____

What contact information would you like to be listed in regards to general inquiries?

Phone No _____ Email _____

Contact Person's first and surname _____

What contact information would you like to be listed in regards to adoptive parents?

Phone No _____ Email _____

Contact Person's first and surname _____

What contact information would you like to be listed in regards to birth parents or crisis pregnancy?

Phone No _____ Email _____

Contact Person's first and surname _____

If you have support groups, list the subject of the support group, a contact person, contact phone and e-mail, and which provinces the support group(s) are active. _____

I hereby consent to my information being retained on the NACSA database for an indefinite period of time, or until such time as I indicate to the contrary in writing or withdraw my membership. I understand that NACSA may use the information they gather from me for marketing, statistical and ancillary purposes and hereby consent to such use.

Your Name

Would you like to receive communication from NACSA regarding any of their initiatives, activities, fundraising, or of an ancillary nature?

- Yes No

Would you like to be listed on NACSA's internal website as a member? No contact information will be included here.

- Yes No

Category 2: Support Services

Proof of current registration as an NPO, along with DSD registration, must be submitted with this application

I am applying on behalf of a:

- Child and Youth Care Centre (CYCC)
- Birth Mother facility
- Crisis Service
- Other support service _____

Personal Information

First Name _____ Surname _____
SA ID # _____ Date of Birth _____
Passport # _____ Country of Issuance: _____
Email _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

If you are filling this application out on behalf of an organisation, please fill out the information below:

Official registered name of organisation: _____
NPO # _____ website _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

What are your specific areas of focus? Select all that apply.

- Crisis Pregnancy
- Adoption Support and Guidance
- Birth Parent Care
- Housing for Mothers
- Safe Abandonment
- Temporary Safe Care
- Adoption Support Group(s)
- Search for origins
- Other _____

Please select all provinces where you provide services.

- | | |
|--|---|
| <input type="checkbox"/> Gauteng | <input type="checkbox"/> Western Cape |
| <input type="checkbox"/> Limpopo | <input type="checkbox"/> Northern Cape |
| <input type="checkbox"/> Mpumalanga | <input type="checkbox"/> Eastern Cape |
| <input type="checkbox"/> North West | <input type="checkbox"/> Southern Cape |
| <input type="checkbox"/> Free State | <input type="checkbox"/> My organisation is a nationally represented body |
| <input type="checkbox"/> KwaZulu Natal | |

Would you like to be listed on the **Adoption National Assistance Centre** public database?

Yes

No

If yes, please fill out the information below

What is your crisis hotline number, if you have one _____

What contact information would you like to be listed in regards to general inquiries?

Phone No _____ Email _____

Contact Person's first and surname _____

What contact information would you like to be listed in regards to adoptive parents?

Phone No _____ Email _____

Contact Person's first and surname _____

What contact information would you like to be listed in regards to birth parents or crisis pregnancy?

Phone No _____ Email _____

Contact Person's first and surname _____

If you have support groups, list the subject of the support group, a contact person, contact phone and e-mail, and which provinces the support group(s) are active. _____

I hereby consent to my information being retained on the NACSA database for an indefinite period of time, or until such time as I indicate to the contrary in writing or withdraw my membership. I understand that NACSA may use the information they gather from me for marketing, statistical and ancillary purposes and hereby consent to such use.

Your Name

Would you like to receive communication from NACSA regarding any of their initiatives, activities, fundraising, or of an ancillary nature?

Yes

No

Would you like to be listed on NACSA's internal website as a member? No contact information will be included here.

Yes

No

Category 3: Friends of Adoption

No accreditation or registration documentation is needed

I am applying as:

- An individual
- An organisation

I am a:

- Social Worker (employed by a CPO or the DSD)
- Support group
- Adoptee
- Adopter
- Birth parent
- Other Interested individual or party

Give a brief description of how you serve or are interested in the adoption community:

Personal Information

First Name _____ Surname _____
SA ID # _____ Date of Birth _____
Passport # _____ Country of Issuance: _____
Email _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

If you are filling this application out on behalf of an organisation, please fill out the information below:

Official registered name of organization _____
Type of organization _____
Postal Address _____ Province _____
Physical Address _____
Province _____ Telephone _____
Cell No _____ Fax _____

Would you like to receive communication from NACSA regarding any of their initiatives, activities, fundraising, or of an ancillary nature?

- Yes No

Would you like to be listed on NACSA's internal website as a member? No contact information will be included.

- Yes No



CODE OF CONDUCT

MANDATE OF THE CODE OF CONDUCT

All members of the National Adoption Coalition (NACSA) shall abide by the coalition's Code of Conduct, as outlined herein. The code applies to all aspects of adoption services, ethical responsibilities towards clients, colleagues, social workers, other professionals, and the broader society and adoption community. These guidelines apply to all member activities, irrespective of their setting, personal or private.

NACSA has an obligation to articulate its values and ethical principles to ensure that adoption services are rendered in an ethical and professional manner.

PHILOSOPHY OF THE CODE OF CONDUCT

NACSA believes this document will help to guide and regulate the behavior of the adoption service provider, in line with the Code of Ethics of SACSSP. It will

- serve as a guideline in carrying out daily duties,
- initiate core values upon which adoption work is based,
- identify broad ethical principles that reflect core values in adoption work,
- identify relevant considerations when conflict or ethical uncertainties arise,
- and provide ethical standards, to which the general public can hold the adoption service providers accountable.

The general approach in this Code of Conduct is based on the belief that every human being has a unique value and potential, irrespective of origin, ethnicity, sex, age, beliefs, socio-economic, or legal status. Adoption service providers have a responsibility to devote their knowledge and skills to the benefit of each individual in the adoption process, as well as the adoption community, as a whole. The adoption service provider has a primary obligation to render quality service in a professional and ethical manner.

ETHICAL STANDARDS AND RESPONSIBILITIES

Conduct that concerns adoptions shall mean, inter alia, for an adoption service provider to:

- a) fulfil his/her duties, in accordance to the requirements specified in the Children's Act (Act 38 of 2005) and National Adoption Guidelines.
- b) challenge unacceptable practices and uphold those that are acceptable,
- c) and remain actively involved with the formulation, development, determination and implementation of adoption policy.

Conduct that concerns a client in the adoption process shall mean, inter alia, for an adoption service provider to:

- a) recognize the uniqueness of each client,
- b) maintain a professional relationship with the client,
- c) acknowledge the right of self-determination for the client,
- d) take into account the client's rights, preferences, and objectives when structuring service rendering,
- e) respect confidentiality in the adoption process,
- f) and not refuse service rendering to a client, irrespective of whether or not the client is in a position to pay the fees for such services.

Conduct that concerns a colleague or another professional person shall mean, inter alia, for an adoption service provider to:

- a) respect the trust that exists between colleagues,
- b) resolve criticism of and differences between colleagues in a spirit of partnership,
- c) protect and defend colleagues against unfair criticism,
- d) promote opportunities for the exchange of knowledge and experience between colleagues and other service providers,
- e) and respect existing structures and areas of service delivery.

Conduct that concerns the community shall mean, inter alia, for an adoption service provider to:

- a) enhance and promote adoption services and service rendering in the community, under all circumstances, by utilising and developing resources
- b) and have the responsibility to be aware of, initiate, develop and change social policy consistent with adoption service provision.

REFERENCES

Children's Act 38/2005

General Notice 292 of 1986 in the Government Gazette No 10205 of 25 April 1986

Government Gazette 14526 of 15 January 1993

Code of Ethics SACSSP

Policy Guidelines on Code of Ethics – SACSSP

Solemn Declaration - SACSSP

SOLEMN DECLARATION

I..... hereby agree to abide by the Code of Conduct of the National Adoption Coalition of South Africa.

I therefore solemnly undertake:

- To conduct myself in such a manner that will be to the benefit of the National Adoption Coalition
- To fully accept the consequences that may result from non-compliance with these provisions.

I declare that I do not have any objection to taking this pledge, which I consider to be binding on my conscience, and I commit myself to upholding this declaration.

Signed at.....on.....

Signature..... Witness.....