

DEPARTMENT OF HEALTH

NO. 424

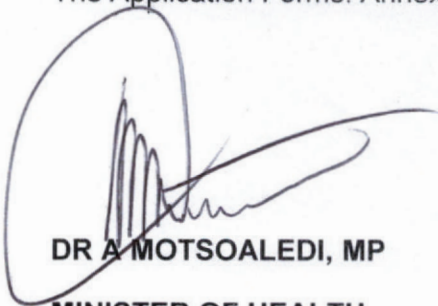
13 APRIL 2018

CORRECTION NOTICE

**POLICY GUIDELINES FOR THE LICENSING FOR THE RESIDENCIAL AND OR
DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND OR SEVERE OR
PROFOUND INTERLECTUAL DISABILITY**

Government Notice No. 218 published in the *Government Gazette* No. 41498 of 16 March 2018 is hereby corrected as follows:

The Application Forms: Annexure A are hereby attached:



DR A MOTSOALEDI, MP

MINISTER OF HEALTH

DATE: 5/4/2018

ANNEXURE A



health

Department:
Health

REPUBLIC OF SOUTH AFRICA

APPLICATION FORM FOR LICENSING OF RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY

ANNEXURE A

APPLICATION FORM FOR LICENSING OF RESIDENTIAL AND/OR DAY CARE FACILITIES FOR PERSONS WITH MENTAL ILLNESS AND/OR SEVERE OR PROFOUND INTELLECTUAL DISABILITY

1. PARTICULARS OF THE APPLICANT	
Name of the APPLICANT	
Identity number:	
Physical address:	
Postal address:	
2. Name of the PERSON/BODY/ORGANIZATION TO MANAGE THE FACILITY:	
Physical address of the body/organization:	
Postal address of the facility:	
Telephone number:	Cell number:
Fax number:	Email:
Registration Number, date of registration and annual renewal letter (if applicable)	
3. Background and history of organization	
4. Type of services and purpose of the programmes/ activity/ service	

5. Group homes		Halfway Houses	Supported Independent living	Day Care (specify type of service)		
6.1 Specify the target group who will receive the service: (age, gender, psychiatric or intellectual disability)						
				Target group	Total no	
				Age		
				Gender		
				Diagnostic category		
6.2 Is this service or facility receiving funding from any other government department? YES or NO?, If yes, please specify the department and the amount						
7. STAFF (STAFF PROVISION): Organogram/ structure of staff establishment						
Nr of staff	Designation/ Job Title	Qualifications/ Training	Professional Registration (if applicable)	Remuneration		
8. BUILDING, SITE AND EQUIPMENT :If leased, should not be for less than five(5) years						
8.1 Size of the building:	ERF/Site	Building (single storey only)	Recreational area: indoor outdoor			
		Number	Floor space	Nr of users to be accommodated		
8.2 Type						

Bedrooms	Females								
	Males								
Accessible Bathrooms	Females								
	Males								
Accessible Washbasins	Females								
	Males								
8.2 Type									
Accessible Showers	Females								
	Males								
Accessible toilets	Females								
	Males								
GENERAL SPACES (To be fully equipped and stocked according to prescribed norms and standards)									
8.2 Type									
Work Station									
Staff/Visitors toilets									
Visitors area									
Examination/ treatment rooms/Sick bay									
Ramps (with rails and correct gradient)									
Kitchen									
Dining room									
Sluice rooms									
Waste management (general)									

Laundry and ironing room			
Appropriate Storage facilities			
Administrative office/reception			
Multipurpose rooms			
All rooms adequately and appropriately furnished considering cultural contexts	YES	NO	
9. Medicines and medical supplies			
9.1 Basic medical equipment :			
(a) blood pressure machine,			
(b) glucometer,			
(c) thermometer,			
(d) scale			
9.2. Where will you get your medication and medical supplies?			
9.3. Where is your medicines and medical supplies stored?			
9.4 How do you dispose off medical waste?			
10. What activities will be part of your recreational and leisure programme?			
INDOORS:			
OUTDOORS:			

11. What activities will you offer as part of your stimulation and/or rehabilitation programme?	
12 SUPPORTING DOCUMENTS: The following documents must accompany the application: Please tick checklist	
Registration documents as a legal person in terms of the South African law or as an NPO/NGO	
Valid zoning or re-zoning certificate	
Certificate of occupancy	
Certificate of compliance	
Certificate of acceptability for food handling	
Health certificate	
Health care risk waste contract	
Erected or converted building, written proof that building plans have been approved	
Clearance certificates for water supply	
Approved activity or psychosocial rehabilitation programme	
Facility maintenance plan	
Clinical protocol for care, treatment and rehabilitation	
Standard Operating Procedure/policy for management of risks	
Proposed staff establishment for the facility	
Copy of business plan with costing for proposed activities	
Proof of lease agreement/ ownership of property	
Bank account details and 3 months bank statement	
Valid tax clearance certificate	
13 GENERAL REMARKS BY THE APPLICANT IN SUPPORT OF THE APPLICATION:	

SUBMITTED BY:
PRINT NAME:
SIGNATURE:
DATE:

RECEIVED BY:
PRINT NAME:
SIGNATURE:
DATE: