



Province of the
EASTERN CAPE
 SOCIAL DEVELOPMENT

Beacon Hill Office Park - Corner of Hargreaves Road and Hockley Close - Private Bag X0039 - Bhisho - 5605 - REPUBLIC OF SOUTH AFRICA
 Tel: +27 (0)43 605 5125 - Fax: +27 (0)43 605 5056 - Email address: vuyelwa.nyati@ecdsd.gov.za - Website: www.ecdsd.gov.za

FORM 7C

**APPLICATION FOR ADMISSION TO A TREATMENT CENTRE ON BEHALF OF
 CHILD: [SECTION 32 (1)(b) OF THE PREVENTION OF AND TREATMENT FOR
 SUBSTANCE ABUSE ACT 70 OF 2008
 (Regulation 48)**

I, _____
 Identity number: _____, residing at

hereby apply for admission of the child whose details appear below to the
 treatment centre: _____

(a) _____
 (name of a treatment centre)

(b) _____

(physical address of the treatment centre)

Name of the child _____

Identity number of the child

Residential address of the child

PLACE: _____

DATE: _____



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FORM 8

TRANSFER AND RE-TRANSFER OF SERVICE USERS FROM OR CHILD AND YOUTH CARE CENTRE, ALTERNATIVE CARE OR HEALTH ESTABLISHMENT TO PUBLIC TREATMENT CENTRE AND RETRANSFER

**PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE ACT, NO 70 OF 2008
 (ACT NO. 70 of 2008)
 (Regulation 47)**

Department of Social Development/Service Provider reference number:

Reference number:

1. PARTICULARS OF SERVICE USER OR CHILD

Name _____ ID number:.....

Particulars of the current institution

Name _____

ID Number: _____

Name _____

Physical address of treatment centre

Postal address of institution

Name and address of Court (where applicable) where the court order was initially issued:

Court order issued in terms of which section of the Act? _____

Name and residential address of treatment centre

Effective date of retransfer
