



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 7A**

**APPLICATION FOR ADMISSION AS SERVICE USER TO TREATMENT CENTRE**  
 Section 32 (1) (a) of Prevention of and Treatment for Substance Abuse Act,  
 2008 (Act No. 70 of 2008)

(Regulation 47)

Name of treatment centre where admission is desired:

---



---



---



---

**First Name of service user**

.....  
 .....

**Surname:**

.....

**Address of service user**

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

---

Reason for

application: .....

1. My reference number is ..... (only in the case of  
returning service users)

Date of admission ..... Duration  
of stay in the treatment centre

Signature of the applicant: .....