



Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

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FORM 5

**APPLICATION FOR REGISTRATION OF A PRIVATE HALFWAY HOUSE IN
TERMS OF THE PREVENTION OF AND TREATMENT FOR SUBSTANCE
ABUSE ACT, 2008 (ACT 70 OF 2008)**

(Regulation 30)

The following documents must be attached to the application for registration of a private halfway house:

1. Feasibility study
 2. A copy of the constitution of the facility
 3. Rezoning certificate/Letter confirming whether rezoning of land is possible
(where applicable).
 4. Local Authority building plans/schematic sketch of building
 5. Detailed treatment programme
 6. Daily programme
 7. House rules for residents
 8. Admission criteria
 9. Financial statements (for the past 6 months)/projections
 10. Means test
 11. Medical and psychiatric treatment policy
 12. Management structure and staff component
 13. Nutritional programme
 14. Fees structure
 15. Business Plan
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PART A

IDENTIFYING PARTICULARS OF FACILITY

1. Name of facility

Address

Tel: _____

Fax: _____

E-mail address: _____

Emergency number: _____

Registration number of company/NPO number

2. Area/s of operation

3. Buildings

(a) Description of building/buildings

(b) Will there be any other buildings and/or activities on the site other than the proposed facility? If so, provide details:

4. Details of other registered facilities, in your area/s.

Name of facility

(Use separate sheet if necessary)

4. Any other information deemed necessary for this application

(Use separate sheet if necessary)

PART C

PATIENT PROFILE

1. Number of residents for which registration is required:

Adults: Males _____ Females _____

Children: Males _____ Females _____

Total _____

2. Will you provide out-patient services? If Yes, supply details

(Use separate sheet if necessary)

3. Treatment period

Time Frame

Short Term (6 weeks)

Long term (6 weeks +)

Re-admission

4. Specify special programmes for on-going abstinence;

PART D

MANAGEMENT STRUCTURE (only in the case of a halfway house already in existence)

1. Portfolio Name Address & Contact Details

2. Profession Qualification And Experience

Chairperson _____

Vice-chairperson

Treasurer _____

