



PLEASE BE AWARE THAT THIS CERTIFICATE CAN TAKE UP TO 8 MONTHS TO GET A RESULT FROM DSD

EMAIL ADDRESS TO WHERE CERTIFICATE SHOULD BE SENT:

CHILD PROTECTION REGISTER CLEARANCE CONSENT FORM

PLEASE PRINT IN BLOCK LETTERS

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|---------------------------|-------|-------|----------|-------|--|--|--|--|--|--|--|--|
| First Names: | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | |
| Work Address: | | | | | | | | | | | | |
| Cell: | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | |
| ID/Passport Number: | | | | | | | | | | | | |
| Date of Birth (DD/MM/YY): | | | | | | | | | | | | |
| Race: | Asian | Black | Coloured | White | | | | | | | | |

1. I hereby state that I have never been found guilty in any forum of my peers for any transgression against a child and I have no reason to believe that my name will be on Part B of the Child Protection Register as defined in The Children's Act of 2005
2. I understand and indemnify **Guardian Investigations**, who I have duly appointed, to forward my personal information to Department of Social Development to conduct such checks.
3. I unconditionally indemnify **Guardian Investigations** against any liability which results or may result in any findings found through this investigation.
4. I hereby expect all information found to be returned to me.

Signed at _____ (Place) on ____ / ____ / ____ (Date-DD/MM/CCYY)

Signature