



# Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA  
REPUBLIEK VAN SUID-AFRIKA

Vol. 471

Pretoria, 23 September 2004

No. 26797

## **M A N U A L**

*IN ACCORDANCE WITH*

**THE PROMOTION OF ACCESS TO  
INFORMATION ACT (NO. 2 OF 2000)**



**AIDS HELPLINE: 0800-0123-22 Prevention is the cure**

**INDEX**

<b>Company Name</b>	<b>Gazette No.</b>	<b>Date</b>	<b>Page No.</b>
South African Institute of Health Care Managers	26797	23-06-2004	3



(Association incorporated under section 21)

Registration No 2004/004290/08

Private Bag X385  
PRETORIA  
0001

Medical Research Council Building  
1 Soutpansberg Road  
PRETORIA

Tel: (012) 325 1218 Fax: (012) 328 6040  
E-mail: ceo@saihcm.co.za Website: www.saihcm.co.za

Directors: Mr AN Ramukumba, Mr DN Pillay, Dr GG Wolvaardt, Mrs KM Drenth, Dr HN Manzini, Prof LE Mazwai

## PROMOTION OF ACCESS TO INFORMATION ACT (NO. 2 OF 2000)

# SECTION 51 MANUAL FOR THE SOUTH AFRICAN INSTITUTE OF HEALTH CARE MANAGERS (SAIHCM)

## A. CONTENTS

A.	CONTENTS.....	1
B.	PARTICULARS IN TERMS OF THE SECTION 51 MANUAL.....	2
1.	Contact details .....	2
2.	The section 10 Guide on how to use the Act.....	2
3.	Records available in terms of any other legislation .....	3
4.	Access to records held by the SAIHCM .....	3
	(a) Automatic disclosures .....	3
	(b) Records that may be requested .....	3
	(c) Request procedures .....	5
5.	Other information as may be prescribed .....	6
6.	Availability of the manual .....	6
	ANNEXURE 1: FORM C - Request for access to record of the South African Institute of Health Care Managers .....	7
	ANNEXURE 2: Fees in respect of requests for records from the South African Institute of Health Care Managers .....	11

**B. PARTICULARS IN TERMS OF THE SECTION 51 MANUAL****1. CONTACT DETAILS [Section 51(a)]*****Secretary:***

Mrs Heather Fitzgerald

E-mail address: [heather@saihcm.co.za](mailto:heather@saihcm.co.za)

***Postal address:***

Private Bag X385  
PRETORIA  
0001

***Street address***

Medical Research Council Building  
1 Soutpansberg Road  
PRETORIA  
0002

***Phone number:***

+27 12 325 1218

***Fax number:***

+27 12 328 6040

***E-mail address:***

[info@saihcm.co.za](mailto:info@saihcm.co.za)

***Website:***

[www.saihcm.co.za](http://www.saihcm.co.za)

**2. THE SECTION 10 GUIDE ON HOW TO USE THE ACT [Section 51(1)(b)]**

The Guide will be available from the South African Human Rights Commission by not later than August 2004. Please direct any queries to:

The Research and Documentation Department  
The South African Human Rights Commission  
PAIA Unit  
Private Bag 2700  
Houghton  
2041  
Telephone: +27 11 484 8300  
Fax: +27 11 484 7146  
Website: [www.sahrc.org.za](http://www.sahrc.org.za)  
E-mail: [PAIA@sahrc.org.za](mailto:PAIA@sahrc.org.za)

**3. RECORDS AVAILABLE IN TERMS OF ANY OTHER LEGISLATION  
[Section 51(1)(d)]**

Records are available, where applicable, in terms of the following Acts:

- (i) Basic Conditions of Employment Act (No. 75 1997)
- (ii) Companies Act (No. 61 of 1973)
- (iii) Compensation for Occupational Injuries and Health Diseases Act (No. 130 of 1993)
- (iv) Employment Equity Act (No. 55 of 1998)
- (v) Income Tax Act (No. 95 of 1967)
- (vi) Labour Relations Act (No. 66 of 1995)
- (vii) Occupational Health & Safety Act (No. 85 of 1993)
- (viii) Regional Services Councils Act (No. 109 of 1985)
- (ix) Skills Development Levies Act (No. 9 of 1999)
- (x) Unemployment Insurance Act (No. 63 of 2001)

**4. ACCESS TO RECORDS HELD BY THE SAIHCM [Section 51(1)(c) and  
Section 51(1)(e)]**

**(a) Automatic disclosures [Section 51(1)(c)]**

A notice in terms of section 52(2) describes the categories of records of the bodies available without having to request access in terms of the Promotion of Access to Information Act (No. 2 of 2000). Information for the SAIHCM notice in terms of section 52(2) was not available at the time of publication of this manual.

**(b) Records that may be requested [Section 51(1)(e)]**

Description of the subjects and categories of records held by the SAIHCM:

**(i) Administration**

- Correspondence
- Office rental
- Insurance
- Telephone
- Contact lists

**(ii) Finances**

- Policies and procedures
- DFID

**(iii) Human resources**

- Policies and procedures
- Employment contracts

**(iv) Management**

- Policies and procedures
- Code of Conduct
- Strategic plan
- Action plan
- Membership application form
- Membership register
- MESOL
- Conferences

**(v) Communication**

- Section 51 manual
- Website

**(vi) Legal matters**

- Statutory registrations
- Directors
- Contracts

**(vii) Equipment**

- Computers

**(c) Request procedures*****Form of request:***

- The requester must use the prescribed form (see Form C in Annexure 1) to make the request for access to a record. This must be made to the Chief Executive Officer of the SAIHCM. This request must be made to the address, fax number or electronic mail address of the SAIHCM [Section 53(1)].
- The requester must provide sufficient detail on the request form to enable the Chief Executive Officer of the SAIHCM to identify the record and the requester. The requester should also indicate which form of access is required. The requester should also indicate if any other manner is to be used to inform the requester and state the necessary particulars to be so informed [Section 53(2)(a), (b) and (c)].
- The requester must identify the right that is sought to be exercised or to be protected and provide an explanation of why the requested record is required for the exercise or protection of that right [Section 53(2)(d)].
- If a request is made on behalf of another person, the requester must then submit proof of the capacity in which the requester is making the request to the satisfaction of the Chief Executive Officer of the SAIHCM [Section 53(2)(f)].

***Fees:***

A requester who seeks access to a record containing personal information about that requester is not required to pay the request fee. Every other requester, who is not a personal requester, must pay the required request fee (see Annexure 2):

- The Chief Executive Officer of the SAIHCM must notify the requester (other than a personal requester) by notice, requiring the requester to pay the prescribed fee (if any) before further processing the request [Section 54(1)].
- The fee that the requester must pay to the SAIHCM is R50. The requester may lodge an application to the court against the tender or payment of the request fee [Section 54(3)(b)].



- After the Chief Executive Officer of the SAIHCM has made a decision on the request, the requester must be notified in the required form.
- If the request is granted then a further access fee must be paid for the search, reproduction, preparation and for any time that has exceeded the prescribed hours to search and prepare the record for disclosure [Section 54(6)].

**5. OTHER INFORMATION AS MAY BE PRESCRIBED [Section 51(1)(f)]**

The Minister of Justice and Constitutional Development has not made any regulations in this regard.

**6. AVAILABILITY OF THE MANUAL [section 51(3)]**

The manual is available at the following locations:

- The offices of the South African Institute of Health Care Managers  
South African Medical Research Council Building  
1 Soutpansberg Road  
PRETORIA
- The Research and Documentation Department  
The South African Human Rights Commission  
PAIA Unit  
Private Bag 2700  
Houghton  
2041
- SAIHCM Website:  
[www.saihcm.co.za](http://www.saihcm.co.za)
- *Government Gazette*



**FORM C****REQUEST FOR ACCESS TO RECORD OF THE SOUTH AFRICAN INSTITUTE OF HEALTH CARE MANAGERS**

[Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)]

**(Regulation 10)****A. Particulars of private body**

Chief Executive Officer  
South African Institute of Health Care Managers  
Private Bag X385  
PRETORIA  
0001

Fax number: +27 12 328 6040

E-mail address: [ceo@saihcm.co.za](mailto:ceo@saihcm.co.za)

**B. Particulars of person requesting access to the record**

- |     |  |
|-----|--|
| (a) | <i>The particulars of the person who requests access to the record must be given below.</i>                |
| (b) | <i>The address and/or fax number in the Republic to which the information is to be sent must be given.</i> |
| (c) | <i>Proof of the capacity in which the request is made, if applicable, must be attached.</i>                |

Full names and surname: .....

Identity number: .....

Postal address: .....

.....

Postal code: ..... Fax number: .....

Telephone number: ..... E-mail address: .....

Capacity in which request is made, when made on behalf of another person: .....

.....

C. Particulars of person on whose behalf request is made

*This section must be completed ONLY if a request for information is made on behalf of another person*

Full names and surname: .....

.....

Identity number: .....

D. Particulars of record

- (a) Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.

(b) If the provided space is inadequate, please continue on a separate folio and attach it to this form. **The requester must sign all the additional folios.**

1. Description of record or relevant part of the record: .....

.....

.....

.....

.....

2. Reference number, if available: .....

3. Any further particulars of record: .....

.....

.....

.....

E. Fees

- (a) A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid.

(b) You will be notified of the amount required to be paid as the request fee.

(c) The **fee payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.

(d) If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees: .....

.....

.....

.....

**F. Form of access to record**

*If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.*

Disability: .....	Form in which record is required: .....
.....	.....
.....	.....

*Mark the appropriate box with an X.*

**NOTES:**

- (a) *Compliance with your request in the specified form may depend on the form in which the record is available.*
- (b) *Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.*
- (c) *The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.*

<b>1. If the record is in written form or printed form:</b>							
<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record				
<b>2. If record consists of visual images:</b>							
<input type="checkbox"/>	View the images	<input type="checkbox"/>	Copy of the images*				
<input type="checkbox"/>		<input type="checkbox"/>	Transcription of images*				
<b>3. If record consists of recorded words or information which can be reproduced in sound:</b>							
<input type="checkbox"/>	Listen to the soundtrack (Audio cassette)	<input type="checkbox"/>	Transcription of soundtrack* (written or printed document)				
<b>4. If record is held on computer or in a electronic or machine-readable form:</b>							
<input type="checkbox"/>	Printed copy of record*	<input type="checkbox"/>	Printed copy of information derived from the record*				
<input type="checkbox"/>		<input type="checkbox"/>	Copy in computer readable form* (stiffy or compact disc)				
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No						
<input type="checkbox"/>	<input type="checkbox"/>						

**G. Particulars of right to be exercised or protected**

*If the provided space is inadequate, please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.*

1. Indicate which right is to be exercised or protected: .....
- .....
- .....
- .....

2. Explain why the record requested is required for the exercise or protection of the  
aforementioned right: .....

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

**H. Notice of decision regarding request for access**

*You will be notified in writing whether your request has been approved/denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.*

How would you prefer to be informed of the decision regarding your request for access to the  
record? .....

.....  
.....

Signed at ....., this ..... day of ..... 20.....

.....  
SIGNATURE OF REQUESTER/PERSON  
ON WHOSE BEHALF REQUEST IS MADE

## ANNEXURE 2

**PROMOTION OF ACCESS TO INFORMATION ACT (NO. 2 OF 2000)**

**FEES**  
**IN RESPECT OF REQUESTS FOR RECORDS FROM**  
**THE SOUTH AFRICAN INSTITUTE OF HEALTH CARE**  
**MANAGERS**

**1. COPIES OF SECTION 51 MANUAL [Section 51(1)]**

For every photocopy of an A4-size page or part thereof	R1,10
--	-------

**2. REPRODUCTION OF RECORDS WHICH ARE AUTOMATICALLY AVAILABLE [Section 52(3)]**

(a) For every photocopy of an A4-size page or part thereof	R1,10
--	-------

(b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	R0,75
--	-------

(c) For a copy in a computer-readable form on –	
(i) stiffy disc	R7,50

(ii) compact disc	R70,00
-------------------	--------

(d) (i) For a transcription of visual images, for an A4-size page or part thereof	R40,00
---	--------

(ii) For a copy of visual images	R60,00
----------------------------------	--------

(e) (i) For an transcription of an audio record, for an A4-size page or part thereof	R20,00
--	--------

(ii) For a copy of an audio record	R30,00
------------------------------------	--------

**3. REQUEST FOR ACCESS TO A RECORD [Section 54(1)]**

The request fee payable by a requester, other than  
a personal requester

R50,00

**4. ACCESS FEE FOR REPRODUCTION AND FOR SEARCH AND PREPARATION OF A RECORD [Section 54(7)]**

- |     |  |  |        |
|-----|--|--|--------|
| (1) | (a)  | For every photocopy of an A4-size page or part thereof   | R1,10  |
|     | (b)  | For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form | R0,75  |
|     | (c)  | For a copy in a computer-readable form on –  |        |
|     | (i)  | stiffy disc  | R7,50  |
|     | (ii)   | compact disc   | R70,00 |
|     | (d)  | (i) For a transcription of visual images, for an A4-size page or part thereof  | R40,00 |
|     |  | (ii) For a copy of visual images   | R60,00 |
|     | (e)  | (i) For a transcription of an audio record, for an A4-size page or part thereof  | R20,00 |
|     |  | (ii) For a copy of an audio record   | R30,00 |
|     | (f)  | For each hour or part of an hour reasonably required to search for and prepare the record for disclosure               | R30,00 |
| (2) | For purposes of section 54(2) of the Act, the following applies:                     |  |        |
|     | (a)  | Six hours as the hours to be exceeded before a deposit is payable; and   |        |
|     | (b)  | one third of the access fee is payable as a deposit by the requester.  |        |
| (3) | The actual postage is payable when a copy of a record must be posted to a requester. |  |        |

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001

Publications: Tel: (012) 334-4508, 334-4509, 334-4510

Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504

Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737

Cape Town Branch: Tel: (021) 465-7531

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001

Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510

Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504

Subskripsies: Tel: (012) 334-4735, 334-4736, 334-4737

Kaapstad-tak: Tel: (021) 465-7531