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IMPORTANT

Information

from Government Printing Works

Dear Valued Customers,

Government Printing Works has implemented rules for completing and submitting the electronic Adobe Forms when you, the customer, submits your notice request.

Please take note of these guidelines when completing your form.



GPW Business Rules

1. No hand written notices will be accepted for processing, this includes Adobe forms which have been completed by hand.
2. Notices can only be submitted in Adobe electronic form format to the email submission address submit.egazette@gpw.gov.za. This means that any notice submissions not on an Adobe electronic form that are submitted to this mailbox will be **rejected**. National or Provincial gazette notices, where the Z95 or Z95Prov must be an Adobe form but the notice content (body) will be an attachment.
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5. All notice submissions that do not comply with point 2 will be charged full price for the notice submission.
6. The current cut-off of all Gazette's remains unchanged for all channels. (Refer to the GPW website for submission deadlines – www.gpwonline.co.za)
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You are therefore advised that effective from **Monday, 18 May 2015** should you not comply with our new rules of engagement, all notice requests will be rejected by our new system.

Furthermore, the fax number **012- 748 6030** will also be **discontinued** from this date and customers will only be able to submit notice requests through the email address submit.egazette@gpw.gov.za.

DISCLAIMER:

Government Printing Works reserves the right to apply the 25% discount to all Legal and Liquor notices that comply with the business rules for notice submissions for publication in gazettes.

National, Provincial, Road Carrier Permits and Tender notices will pay the price as published in the Government Gazettes.

For any information, please contact the eGazette Contact Centre on 012-748 6200 or email info.egazette@gpw.gov.za

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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS**DEPARTMENT OF HEALTH****NO. 1051****03 NOVEMBER 2015****FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT 54 OF 1972)****ENFORCEMENT BY LOCAL AUTHORITY**

I, Dr A Motsoaledi, Minister of Health, hereby authorise under section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act 54 of 1972), the following local authorities to enforce sections 10 (3) (b), 11 and 24 of the said Act within their area of jurisdiction and through duly authorised officers:

Sekhukhune District Municipality
ZF Mgcawu District Municipality

The authorization of the local authorities included in the schedule below is hereby withdrawn in terms of section 23 (3) of the Act:

LOCAL AUTHORITY	GOVERNMENT NOTICE
Groblersdal	R 2184 of 1974
Siyanda	R 915 of 2012



DR A. MOTSOALEDI
MINISTER OF HEALTH

DATE: 19/10/2015

DEPARTEMENT VAN GESONDHEID

NO. 1051

03 NOVEMBER 2015

**WET OP VOEDINGSMIDDELS, SKOONHEIDSMIDDELS EN
ONTSMETTINGSMIDDELS, 1972 (WET NO. 54 VAN 1972)****TOEPASSING DEUR PLAASLIKE BESTUUR**

Ek, Dr A Motsoaledi, Minister van Gesondheid, magtig hierby kragtens artikel 23 (1) van die Wet op Voedingsmiddels, Skoonheidsmiddels en Ontsmettingsmiddels, 1972 (Wet No. 54 van 1972), die ondergenoemde plaaslike owerhede om binne hulle regsgebiede en deur middel van behoorlik gemagtigde beamptes, artikels 10 (3) (b), 11 en 24 van genoemde Wet uit te voer:

Sekhukhune Distrik Munisipaliteit
ZF Mgcawu Distrik Munisipaliteit

Die magtiging van die plaaslike owerhede soos ingesluit in die ondergenoemde skedule en wat tans binne die regsgebied van voorgenoemde plaaslike owerhede gelee is, word hiermee ingetrek binne die bepaling van artikel 23 (3) van die Wet:

PLAASLIKE OWERHEID	GOEWERMENT KENNISGEWING
Groblersdal	R 2184 of 1974
Siyanda	R 915 of 2012



DR A. MOTSOALEDI
MINISTER VAN GESONDHEID
DATUM: 19/10/2015

DEPARTMENT OF HEALTH

NO. 1052

03 NOVEMBER 2015

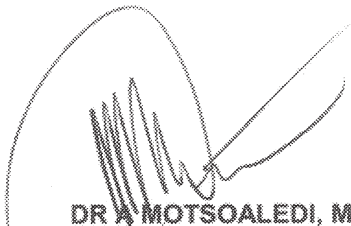
TRADITIONAL HEALTH PRACTITIONERS ACT 2007

(ACT NO. 22 OF 2007)

TRADITIONAL HEALTH PRACTITIONERS REGULATIONS 2015

I, Dr Aaron Motsoaledi, Minister of Health intends, in terms of Section 47 read with Section 21 of the Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007), and after consultation with the Council, to make the regulations in the Schedule.

Interested persons are invited to submit any substantiated comments in writing on the proposed Regulations to the Director-General: Health, Private Bag X828, Pretoria, 0001 (for the attention of the Director: Traditional Medicine, mbedzf@health.gov.za), within three months from the date of publication of this notice.



DR A. MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 17/9/2015

SCHEDULE

1. DEFINITIONS

In these Regulations, a word or expression to which a meaning has been assigned in the Act, bears the meaning so assigned and, unless the context otherwise indicates-

"Practitioner" means Traditional Health Practitioner registered in terms of section 21 of the Act;

"Registrar" means the person appointed as such as contemplated in section 18 of the Act; and

"the Act" means Traditional Health Practitioners Act 2007 (Act No.22 of 2007).

2. REGISTRATION OF TRADITIONAL HEALTH PRACTITIONERS

(1) Any person wishing to be registered as a traditional health practitioner must apply on **FORM THPA1** to the Registrar to be registered and practice as Practitioner as contemplated in Section 21 of the Act.

(2) The application form must be accompanied by fees as stipulated in the Table of Fees as may be determined from time to time by Council.

(3) The Registrar must enter the name of the person who meets the requirements contemplated in Section 21 in the register and issue the practice certificate to the person registered as such.

3. CATEGORIES OF TRADITIONAL HEALTH PRACTICE THAT MUST UNDERGO EDUCATION OR TRAINING

The following categories of traditional health practice must undergo education or training at any accredited training institution or educational authority or with any traditional tutor:

- (a) Divination;
- (b) Herbalism;
- (c) Traditional birth attendant's practice; and
- (d) Traditional surgeon (circumcision) practice.

4. REGISTRATION OF STUDENTS

(1) Any person who wishes to register as a student Practitioner must lodge an application with the Registrar as follows:

- (a) Complete the application form attached as **FORM THPA2** to these Regulations.
- (b) The application form must be accompanied by fees as stipulated in the Table of Fees as determined from time to time by Council.
- (c) The certified copies of the following documents must be attached to the application form:
 - (i) South African Identity book or card;
 - (ii) Letter from accredited institution or traditional tutor; and
 - (iii) ABET Level 1 or equivalent.
- (d) The onus is with the Tutor to ensure that students they train are registered with council. A student should register with Council within 30 days of being admitted by the Institution/ Tutor.
- (e) It is an offence to train a student who is not registered with the Council.

5. MINIMUM STANDARD OF EDUCATION

No one may be registered as a student practitioner unless he or she has attained an ABET Level 1 educational level or equivalent and has in his or her possession letter of admission indicating the training or course to be done from the tutor or institution registered and accredited by the Council to provide or offer the training or course.

6. DURATION OF EDUCATIONAL PROGRAMME

(1) The Divination student must attend or undergo training for minimum period of twelve months in which period the student practitioner must learn at least diagnosis, preparation of herbs, and traditional consultation.

(2) The student herbalist must undergo training for a minimum period of twelve months in which period the student must learn to identify and prepare herbs, sustainable collection of herbs and dispense herbs and consultation.

(3) The student traditional birth attendant must undergo training for a minimum period of twelve months during which the practitioner must learn issue of conception, pregnancy, delivery of baby and, pre and post natal care.

(4) The student traditional surgeon (circumcision) practice must undergo training for at least five years during which the practitioner must observe in three initiation schools and do supervised practice for two years.

7. THE MINIMUM AGE AND STANDARDS OF GENERAL EDUCATION

(1) The student practitioners for Divination and Herbalism, must be at least 18 years, and Traditional Surgeon and Traditional Birth Attendant must be 25 years old, to qualify for registration for a certificate entitling the holder thereof to registration in terms of this Act.

(2) The student practitioner contemplated in sub regulation (1) must at least have attained the Level 1 ABET or equivalent.

8. THE REGISTRATION BY THE COUNCIL OF PERSONS UNDERTAKING EDUCATIONAL COURSES OR UNDERTAKING TRAINING

The Council must register the persons undergoing training on a **FORM THPA3** on payment of fee as determined or reflected in the Table of Fees attached to these Regulations.

9. THE REGISTRATION OF STUDENTS OF TRADITIONAL HEALTH PRACTICE, INCLUDING THE RECORDING OF PARTICULARS RELATING TO THEIR TRAINING AND PROOF OF THE FULFILMENT OF THE REQUIREMENTS THEREOF

(1) The registered students must submit or cause to be submitted the log book that details the observations and procedures undergone.

(2) The log book must be signed by the Institution or Tutor as proof of the fulfilment of the requirements for the qualification.

(3) The student must submit the certificate of completion of the training from their Institution or Tutor to the Council.

10. THE CIRCUMSTANCES UNDER WHICH ANY APPLICANT FOR THE REGISTRATION OF ANY CATEGORY OR SPECIALITY MAY BE EXEMPTED FROM ANY OF SUCH REQUIREMENTS

The applicant who, on promulgation of these Regulations, is a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon may be registered as such by the Registrar on the basis of the

documentary proof he or she may produce to the Registrar, or on basis that the community regarded him or her to a Diviner, Herbalist, Traditional Birth Attendant or Traditional Surgeon.

11. PROCEDURE TO DISPOSE APPLICATION FOR FEES CHARGED BY PRACTITIONER

(1) The council must, on receipt of an application contemplated in Section 42(3) of the Act, request the Practitioner to submit the statement of account detailing services rendered to the patient.

(2) Upon receipt the statements of account referred to Sub-regulation (1) above, the Council must consider such statement in relation to the services rendered within a month of receipt thereof.

(3) The Council must make a determination of the amount which, in their opinion, should have been charged by the Practitioner for the services rendered to the patient to which the account relates.

(4) The Council must in writing inform both the Practitioner and the patient of their determination.

(5) Practitioners should display and inform the amount that the patient will be charged. Any deviation to the prescribed maximum should be motivated in writing to the patient.

(6) Council may take disciplinary measures to any contravention of the Regulations.

12. SHORT TITLE

These Regulations are called Traditional Health Practitioners Regulations 2015.

TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA THPA 1	APPLICATION FOR REGISTRATION
NON COMPLIANT APPLICATION WILL BE REJECTED. Please PRINT and return the ORIGINAL FORM to: The Registrar ITHPC, Private Bag X828 Pretoria 0001 by registered mail for ease of tracking mail. Civitas Building, 242 Thabo Sehume Street, Pretoria 0001	For office use only Date received: _____ Receipt No: _____ Amount: _____ Province: _____

1. PLEASE MARK THE RELEVANT CATEGORY OF REGISTRATION CLEARLY

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	

PERSONAL DETAILS

2. (Prof, Dr, Mr, Mrs, Miss) _____ Surname: _____
3. Full First Name(s): _____
4. Race: _____ 5. Gender _____ (required for statistical purposes)
6. Nationality _____
7. Identity number: _____ (attach copy of photograph page of ID)
8. Postal address: _____
 _____ Code: _____
9. Residential address: _____
10. Tel: (Home): () _____ (Cell): () _____
 (Fax): () _____ (E-mail): _____

THE FOLLOWING IS SUBMITTED IN SUPPORT OF THE APPLICATION

11. Proof of payment of the registration fee plus pro rata annual fee.
12. A certified copy of identity document or birth certificate.
13. Proof of qualification as THP (If any).
14. Character reference by 3 contactable people not related to you.
15. Highest standard passed : _____(attach certified copy, if any)

I hereby declare that I am the person referred to in the attached documents. I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct and that, to the best of my knowledge and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me at present.

SIGNATURE: **Date:**

Return this application together with payment/proof of payment and relevant documents to:

The Registrar

Interim Traditional Health Practitioners Council

Private Bag X 828

PRETORIA

0001

TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA THPA2	APPLICATION FOR REGISTRATION (STUDENT)
NON COMPLIANT APPLICATION WILL BE REJECTED. Please PRINT and return the ORIGINAL FORM to: The Registrar ITHPC, Private Bag X 828, Pretoria 0001 by registered mail for ease of tracking mail. Civitas Building, 242 Thabo Sehume Street, Pretoria 0001	For Office use only Date received: _____ Receipt number: _____ Amount paid: _____ Province: _____

1. PLEASE MARK THE RELEVANT CATEGORY OF REGISTRATION CLEARLY

STUDENT DIVINER	
STUDENT HERBALIST	
STUDENT TRADITIONAL BIRTH ATTENDANT	
STUDENT TRADITIONAL SURGEON	

PERSONAL DETAILS

2. (Prof, Dr, Mr, Mrs, Miss) _____ Surname: _____
3. Full Name(s): _____
4. Race: _____ 5. Gender _____ (required for statistical purposes)
6. Nationality _____
7. Identity number: _____ (attach copy of photograph page of ID)
8. Postal address: _____
 _____ Code: _____
9. Residential address: _____
10. Tel: (Home): () _____ (Cell): () _____
 (Fax): () _____ (E-mail): _____

The following documented information is submitted in support of the application

11. Proof of payment for the Registration fee.
12. A copy of certified identity document or birth certificate.
13. Letter from accredited institution or traditional tutor
14. Highest standard passed or any equivalent to ABET Level 1
15. In respect of which THP Category (if any) are you already registered with the council - state council registration number(s) and list Categories: _____
16. Please indicate the minimum duration that the training will take and whether it is a full-time class attendance or part-time class attendance _____

I hereby certify that all the information provided and documentation submitted is true and correct.

SIGNATURE: **Date:**

Return this application together with payment/proof of payment and relevant documents to:

The Registrar

Interim Traditional Health Practitioners Council

Private Bag X 828

PRETORIA

0001

TRADITIONAL HEALTH PRACTITIONERS COUNCIL OF SOUTH AFRICA THPA 3	APPLICATION FOR REGISTRATION (TRAINERS)
<p>NON COMPLIANT APPLICATION WILL BE REJECTED.</p> <p>Please PRINT and return the ORIGINAL FORM to:</p> <p>The Registrar ITHPC, Private Bag X828 Pretoria 0001 by registered mail for ease of tracking mail.</p> <p>Civitas Building, 242 Thabo Sehume Street, Pretoria 0001</p>	<p><u>For office use only</u></p> <p>Date received: _____</p> <p>Receipt No: _____</p> <p>Amount: _____</p> <p>Province: _____</p>

1. PLEASE MARK THE RELEVANT CATEGORY OF INTEREST CLEARLY

DIVINER	
HERBALIST	
TRADITIONAL BIRTH ATTENDANT	
TRADITIONAL SURGEON	
OTHER (Specify)	

PROVIDER DETAILS

2. Training Institution: _____
3. Physical address: _____

4. Postal address: _____
_____ Code: _____
5. Purpose of application: Provision of
- | | | | | | |
|--------|--|--------|--|-----------------|--|
| Module | | Course | | Practical Skill | |
|--------|--|--------|--|-----------------|--|
6. Has the above been accredited elsewhere?
- | | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|
7. (If yes), name the accreditation No. and the accreditation Body: _____

8. Duration of the Training _____
9. Tutors Qualifications: _____

10. Contact Details

CONTACT PERSON 1	Title: Mr; Mrs; Prof; Dr	
	Full Name:	
	Contact No:	
	Cell No:	
	Fax No:	
	Email Address:	
CONTACT PERSON 2	Title: Mr; Mrs; Prof; Dr	
	Full Name:	
	Contact No:	
	Cell No:	
	Fax No:	
	Email Address:	

THE FOLLOWING IS SUBMITTED IN SUPPORT OF THE APPLICATION

11. Proof of registration fee.
12. A certified copy of applicant identity document.
13. Certified copies of Tutors qualifications.
14. Copies of Teaching/Learning Materials.
15. Proof of Physical Address of the Institution.

I hereby certify that all the information provided and documentation submitted is true and correct.

SIGNATURE: **Date:**

TABLE OF FEES		
	Regulation	Amount
1	Regulation 2 (1) - Application for registration as a traditional health practitioner :	R 200,00
2	Regulation 4 (1) - Application for registration as a student practitioner : FORM THPA2	R 100,00 (Year 1) R50.00 subsequent years
3	Regulation 8 - Registration by Council of persons providing courses or training: FORM THPA3	R 500,00

Return this application together with payment/proof of payment and relevant documents to:

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