

FORM A
REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY
(Section 18 (1) of the Promotion of Access to Information
Act, 2000
(Act No. 2 of 2000)
[Regulation 2]

FOR DEPARTMENTAL USE

Reference number: _____

Request received

by: _____

(state rank, name and surname of information officer/deputy information officer) on
_____ (date) at _____ (place).

Request fee (if any): R _____

Deposit fee (if any): R _____

Access fee: R _____

SIGNATURE OF INFORMATION
OFFICER/DEPUTY
INFORMATION OFFICER

A. Particulars of public body

The Information Officer/Deputy Information Officer: Mr Gerrit Wissing
Department of Health
Civitas Building
cnr Thabo Sehume and Struben Streets

Pretoria
0001

Telephone: 27123958000
Fax: 27123959019
Email: na

B. Particulars of person requesting access to the record

- *The particulars of the person who requests access to the record must be recorded below.*
- *Furnish an address and/or fax number in the Republic to which information must be sent*
- *Proof of the capacity in which the request is made, if applicable, must be attached.*

Full names and surname: South African History Archive (SAHA)

Identity/Passport number: Non-Profit Trust No. 2522/93

Postal address: P.O.Box 31719, Braamfontein, 2017

Fax number: +27866491491

Telephone number: +27117182563

E-Mail Address: foip@saha.org.za

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

- *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.*
- *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.***

- Description of record or relevant part of the record:

Copies of all records detailing the policies, strategies and regulations related to long term residential care mental health care facilities, including, but not limited to:

1. List of all long term residential mental health care facilities, both NGOs and public sector registered with the DOH, listed by province;
2. Budgetary allocations for long residential mental health care facilities, national and provincial budgets; and
3. List of criteria and standard requirements in order to be registered as residential care facility.

- Reference number, if available:
- Any further particulars of record:

E. Fees

- *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.*
- *You will be notified of the amount required to be paid as the request fee.*
- *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.*
- *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:

- Your indication as to the required form of access depends on the form in which the record is available.
- 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.

1. If the record is in printed form:

| | | | |
|-------------------------------------|-----------------|--|----------------------|
| <input checked="" type="checkbox"/> | Copy of record* | | Inspection of record |
|-------------------------------------|-----------------|--|----------------------|

2. If record consists of visual images:

(this includes photographs, slides, video recordings, computer-generated images, sketches, etc).

| | | | | | |
|--|-----------------|-------------------------------------|---------------------|--|------------------------------|
| | view the images | <input checked="" type="checkbox"/> | copy of the images* | | transcription of the images* |
|--|-----------------|-------------------------------------|---------------------|--|------------------------------|

3. If record consists of recorded words or information which can be reproduced in sound:

| | | | |
|--|---|-------------------------------------|--|
| | Listen to the soundtrack (audio cassette) | <input checked="" type="checkbox"/> | transcription of soundtrack* (written or printed document) |
|--|---|-------------------------------------|--|

4. If record is held on computer or in an electronic or machine? readable form:

| | | | | | |
|--|-------------------------|-------------------------------------|---------------------------------------|--|---|
| | Printed copy of record* | <input checked="" type="checkbox"/> | Printed copy derived from the record* | | copy in computer readable form*(stiffy or compact disc) |
|--|-------------------------|-------------------------------------|---------------------------------------|--|---|

| | | | |
|--|--|-----|-------------------------------------|
| | | YES | NO |
| * If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? | | | <input checked="" type="checkbox"/> |

A postal fee is payable.

Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available.

In which language would you prefer the record? ENGLISH

• **G. 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 thereof 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?

IN WRITING via email to foip@saha.org.za

Signed at this 26th of March 2018.

A handwritten signature in black ink, appearing to read 'Nobukhosi Zulu'. The signature is written in a cursive style with a large, circular initial 'N'.

SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

Ms Nobukhosi Zulu (FOIP Coordinator)

South African History Archive (SAHA)