



APPLICATION TO REGISTER AS A DRUG TREATMENT CENTRE/ HALFWAY HOUSE IN TERMS OF THE PREVENTION AND TREATMENT OF DRUG DEPENDENCY ACT, 1992 (ACT 20 OF 1992)

The following documents must be attached to the application for registering the treatment centre:

1. A copy of the constitution of the facility
2. Recommendation and Health Clearance Certificate from Local Authority
3. Local Authority building plans/schematic sketch of building
4. Detailed treatment programme
5. Daily programme (daily, weekly and monthly)
6. House rules for residents
7. Admission criteria
8. Financial statements (for the past 6 months)
9. Means test,
10. Medical and psychiatric treatment policy
11. Organogram of the staff component
12. Nutritional programme
13. Fees structure

Prevention and Treatment of Drug Dependency Act, No 20 of 1992, section 9: Registration of certain institution. – (1) No person shall manage any institution or other place maintained mainly for the accommodation and care of persons who are dependant on drugs or in which such persons receive mainly physical, psychological, spiritual or social treatment, except a treatment centre, unless such institution or place is registered under this section

PART A

IDENTIFYING PARTICULARS OF FACILITY

1. Name of proposed/existing facility

Address

Tel:

Fax:

E-mail address:

Emergency number:

Registration number of company/NPO number

2. In which area is/will the facility be built/ operating?

3. Has the site already been acquired for the said facility? If this has not been acquired the applicant must provide full details of the site to the Department when such a site is acquired.

4. Buildings

4.1. Physical structure (building)

4.2 Location of the facility (area)

4.3 Name, address of the developer (if applicable)

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

5. Provide details of other registered facilities, in your area.

NAME OF FACILITY	DATE OF REGISTRATION AND REGISTRATION NR	LOCATION	NUMBER OF BEDS

PART B

SITUATION ANALYSIS

6. State how the number of beds were determined:

(Use separate sheet if necessary)

7. Provide a copy of your feasibility study. If a copy has not been provided, give reasons for this.

(Use separate sheet if necessary)

8. What clinical disciplines are/will be practiced in the facility?

(Use separate sheet if necessary)

9. What is the extent of the present demand for the services that is/will be provided?

(Use separate sheet if necessary)

10. How will/does the facility meet the demand for such service?

(Use separate sheet if necessary)

11. Have you taken into account existing private and public facilities in your calculation and projections. If yes, how?

(Use separate sheet if necessary)

12. Any other information deemed necessary for this application

(Use separate sheet if necessary)

PART C

PATIENT PROFILE

13. Number of residents for which registration is required:

	ADULTS		CHILDREN (under 18 years)	
	<i>Male</i>	<i>Females</i>	<i>Male</i>	<i>Female</i>
In-patience				
Hostel/Halfway Houses				
TOTAL				

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

(Use separate sheet if necessary)

15. Treatment period

	Time Frame
Short Term (6 weeks)	
Long term (6 weeks +)	
Re-admission	

16. Specify special programmes for long term treatment e.g. education; Skills training; _____

17. What arrangements are being made with reference to detoxification?

18. Specify the dependence producing substance applicable to patients treated at the treatment facility

	ADULTS		CHILDREN	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
<i>Alcohol</i>				
<i>Dagga</i>				
<i>Mandrax</i>				
<i>Heroin</i>				
<i>Cocaine</i>				
<i>Crack</i>				
<i>Ecstasy</i>				
<i>LSD</i>				
<i>Inhalants</i>				
<i>Prescription drug</i>				
<i>Other(specify)</i>				

PART D

19. BOARD OF MANAGEMENT

PORTFOLIO	NAME	ADDRESS & CONTACT DETAILS	PROFESSION	QUALIFICATION AND EXPERIENCE
Chairperson				
Vice-chairperson				
Treasurer				
Secretary				
Auditors				
Other				

PART E

20 Personnel

Provide a detailed list of your staff established containing the following information:

NAME	PROFESSION	NAME OF BOARD/COUNCIL & REGISTRATION NUMBER	SALARY	FULL TIME	PART-TIME

The Management Committee hereby applies for registration as a Drug Treatment Centre/ Halfway House in terms of the Prevention and Treatment of Drug dependency Act, No 20 of 1992.

SIGNED BY CHAIRMAN OF THE BOARD:

FULL NAMES AND SURNAME: _____

SIGNATURE: _____

DATE: _____

WITNESSES (BOARD MEMBERS)
