Promotion of Access to Information manual

-for-

Tiervlei Trial Centre CC

prepared in accordance with the terms of Section 51 of the Promotion of Access to Information Act 2 of 2000

Section 51 (1)(a) - Contact Information

Name of Business: Tiervlei Trial Centre CC

Chief Executive Officer: Dr. H Nell

Postal Address: Karl Bremer Hospital
                Private Bag XX1
                Bellville, 7535

Physical Address: Karl Bremer Hospital
                 C/o Mike Pienaar
                 & Frans Conradie Avenue
                 Bellville, 7530

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Website http://www.ttctrials.co.za/

Section 51 (1)(b) - Section 10 Guide on how to use the Act

The Guide will be available from the South African Human Rights Commission by no later than 31 December 2011. A Guide has been compiled in terms of Section 10 of PAIA by the Human Rights Commission. It contains information required by a person wishing to exercise any right, contemplated by PAIA.

Please direct enquiries to: The South African Human Rights Commission

PAIA Unit

Research and Documentation Department

Postal Address Private Bag X2700 Houghton 2041
Telephone: +27 11 484 8300
Fax: +27 11 484 7146
Email: PAIA@sahrc.org.za
Website: http://www.sahrc.org.za/

THE LATEST NOTICE IN TERMS OF SECTION 52(2) (IF ANY):

At this stage no notice(s) has/have been published on the categories of records that are automatically available without a person having to request access in terms of PAIA.

RECORDS AVAILABLE IN TERMS OF ANY OTHER LEGISLATION (Section 51(1)(d))

Information is available in terms of the following legislation, if and where applicable:

g. Insurance Act No. 27 of 1943.
i. Labour Relations Act No. 66 of 1995.
l. Unemployment Contributions Act No. 4 of 2002.

H
Section 51 (1)(c) and (1)(e) - Access to records held by Tiervlei Trial Centre CC

(i) Records which are available without a person having to request access

- in terms of the Act Section 51 (e)

- The requester must complete Form C Annexure A and submit this form together with a request fee, to the head of the private body.
- The form must be submitted to the head of the private body at his/ her address, fax number, or electronic mail address
- The form must: provide sufficient particulars to enable the head of the private body to identify the record/s requested and to identify the requester,

  indicate which form of access is required,

  specify a postal address or fax number of the requester in the Republic,

identify the right that the requester is seeking to exercise or protect, and provide an explanation of why the requested record is required for the exercise or protection of that right,

if in addition to a written reply, the requester wishes to be informed of the decision on the request in any other manner, to state that manner and the necessary particulars to be informed in the other manner,

if the request is made on behalf of another person, to submit proof of the capacity in which the requester is making the request, to the reasonable satisfaction of the head of the private body.

Section 51 (1)(f) - Other information as may be prescribed

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

Section 51 (3) - Availability of the manual

This manual is available for inspection at Tiervlei Trial Centre CC free of charge. Copies are made available with the South African Human Rights Commission, in the Gazette and for download from Tiervlei Trial Centre CC website.

[Signature]

Dr Haylene Nell (CEO)

[Date]

15 Dec 2011
ANNEXURE A
FORM C
REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY
(Section 53(1) of the Promotion of Access to Information Act, 2000
(Act No. 2 of 2000)
[Regulation 10]

A. Particulars of private body
The Head:

B. Particulars of person requesting access to the record

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

Full names and surname:
Identity number:
Postal address:
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.

<table>
<thead>
<tr>
<th>Disability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark the appropriate box with an X.</td>
</tr>
</tbody>
</table>

| NOTES: |
| Compliance with your request in the specified form may depend 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. |
| The fee payable for access to the record, if any, will be determined partly by the form in which access is requested. |

<table>
<thead>
<tr>
<th>Form in which record is required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. If the record is in written or printed form:

<table>
<thead>
<tr>
<th>copy of record*</th>
<th>inspection of record</th>
</tr>
</thead>
</table>

2. If record consists of visual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

<table>
<thead>
<tr>
<th>view the images</th>
<th>copy of the images*</th>
<th>transcription of the images*</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>listen to the soundtrack audio cassette</th>
<th>transcription of soundtrack*</th>
<th>written or printed document</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>printed copy of record*</th>
<th>printed copy of information derived from the record*</th>
<th>copy in computer readable form* (stiffy or compact disc)</th>
</tr>
</thead>
</table>

If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.

YES | NO
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