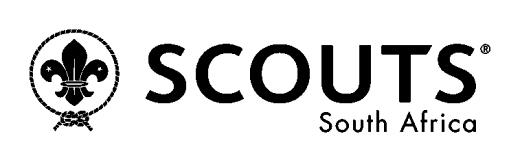
**D2 - RECORD OF DISCIPLINARY HEARING**



(This document is confidential and shall only be distributed to the parties of the hearing and shall be held on file at the Regional and National Offices.)

MEMBERS NAME:………………………………………

WARRANT NUMBER: …………………………………….SD MEMBERSHIP NO:

POSITION: …………………………………………………...GROUP NAME:

DISTRICT:……………………………………………………..REGION:

DATE OF NOTICE: ……………………………DATE & TIME OF HEARING ..

VENUE:……………………………………………………………………………………………………………………………………

CHAIRMAN:……………………………………………………………………………………………………………………………..

**Note:** The Chairperson must not be directly involved in making the allegations against the Member and must not be someone who has been affected by the alleged misconduct of the accused.

**PART A: PROCEEDINGS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Has the Member been informed that he/she is entitled to be Represented by a fellow SSA Member of his/her choice? | | Yes | No | |
| 2. | Name of Representative: |  | | | |
|  | Role: |  | | | |
| 3. | When did, the Member receive the notice for the hearing? | | DATE | | |
| 4. | Has the Member confirmed that they understand the charges? | | Yes | | No |
| 5. | Has the Member had enough time to prepare: | | Yes | | No |
| 6. | Is the Chairman satisfied the Member understands the charge sheet? | | Yes | | No |
| 7. | Does the Member need a translator? | | Yes | | No |
| 8 | Name of Translator: |  | | | |
| 9 | SSA Representative): |  | | | |

**INTRODUCTION:**

**THE CHARGES:**

|  |
| --- |
| **Charge 1:** |
| **Details:** |
| **Charge 2:** |
| **Details:** |
| **Charge 3:** |
| **Details** |

**PLEA: GUILTY / NOT GUILTY**

|  |  |
| --- | --- |
| **Charge 1:** |  |
| **Charge 2:** |  |
| **Charge 3:** |  |

If the Member pleads guilty to any of the charges the SSA representative is not required to lead any evidence on that charge and the plea can be accepted by the Chairperson. If the member pleads guilty to all Charges the Chairman can accept the Plea and proceed to the Sanction Hearing, at which time evidence may be led in Aggravation or Mitigation of Sanction.

**PLEA EXPLANATION (IF ANY):**

**THE SSA REPRESENTATIVE’S EVIDENCE:**

Name and Role:

Evidence

**WITNESS’S EVIDENCE: (**The investigator will normally be called as one of the witnesses)

Witness 1: name

Evidence

...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**WITNESS’S EVIDENCE:**

Witness 2: Name

Evidence

**CHECKLIST:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Has the Member been afforded the opportunity of cross examining the SSA Representative and the Witnesses? | Yes | No |
| 2. | Was documentary evidence presented:  (Original Statement of Complaint, . investigation Form medical results etc.) | Yes | No |
| 3. | Other evidence presented and considered (E.g., alcohol tester, photographs, video) | Yes | No |

**THE MEMBER’S EVIDENCE:**

**MEMBER’S WITNESS’ EVIDENCE:**

Witness 1: Name

Evidence

……………………………………………………………………………..

**MEMBER’S WITNESS’ EVIDENCE:**

Witness 2: Name

Evidence

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

**THE FINDING:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Does the Chairman believe that the offence has been committed? | Yes | No |
| 2. | Is the offence in the Member Code of Conduct and Disciplinary Policy? | Yes | No |
| 3. | Was the Member aware of the offence? | Yes | No |

**GUILTY OR NOT GUILTY**

|  |  |
| --- | --- |
| **Charge 1:** |  |
| **Charge 2:** |  |
| **Charge 3:** |  |

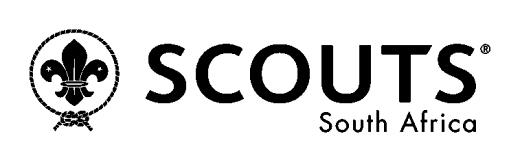
**CHAIRMAN’S COMMENTS:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Member* |  | *Date* |
|  |  |  |
| *Witness* |  | *Date* |
|  |  |  |
| *CHAIRMAN* |  | *Date* |

If the Member refuses to sign in acknowledgement of receipt of this Record of a Disciplinary Hearing, it will be handed over in the presence of a witness who shall sign the form. The members refusal shall be recorded on the Form

**RECORD OF SANCTION HEARING**



**(IF APPLICABLE)**

(This document is confidential and shall only be distributed to the parties to the hearing. It shall be held on file at the Regional and National Offices.)

If agreed by the Member, the Sanction Hearing may be held immediately after the Chairman has presented their findings, irrespective of whether the member accepts or rejects the findings. Otherwise it will be held at a later date, to be agreed. The SSA Representative may call any witnesses to testify in aggravation of sanction and such witness may give evidence even if they were not called in the main hearing. The Member may testify in Mitigation of sanction and may call any witnesses in support of their testimony. Such witnesses do not need to have testified in the main hearing.

**AGGRAVATING CIRCUMSTANCES:**

Statements by the SSA Representative and witnesses in aggravation of sanction,

**MITIGATING CIRCUMSTANCES:**

Statements by the member and witnesses in mitigation of sanction.,

**SANCTION:**

|  |  |
| --- | --- |
| **Sanctions Considered:** | |
| Verbal Warning |  |
| First Written Warning |  |
| Second Written Warning |  |
| Final Warning |  |
| Suspension of Warrant or Licence for a fixed period |  |
| Suspension of membership for a fixed period |  |
| Termination of Membership |  |
|  | |
| **Factors Warranting Leniency:** | |
| Length of service |  |
| Role in SSA |  |
| Influence by others |  |
| Lack of serious consequences |  |
| First offence |  |
| Personal circumstances |  |
| Other: |  |
|  |  |
| **Factors warranting a heavier sanction:** | |
| Role in SSA | |
| Prior offences |  |
| Seriousness of the consequences |  |
| Criminal conduct |  |
| Other: |  |
|  |  |
| **Sanction Imposed:** | |
| Verbal Warning |  |
| First Written Warning |  |
| Second Written Warning |  |
| Final Warning |  |
| Suspension of Warrant or Licence for a fixed period |  |
| Suspension of membership for a fixed period |  |
| Termination of Membership |  |

**COMMENT:**

I hereby acknowledge receipt of the Record of the Sanction Hearing

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Member* |  | *Date* |
|  |  |  |
| *Witness* |  | *Date* |

If the Member refuses to sign in acknowledgement of receipt of this Record of a Sanction Hearing, it will be handed over in the presence of a witness who shall sign the form. The members refusal shall be recorded on the Form

**CLOSING:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Has the Member been advised of the outcome in writing? | Yes | No |
| 2. | Has the Member been made aware of their right of appeal? | Yes | No |
| 3. | Has the Member been issued with an Appeal Form? | Yes | No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *CHAIRMAN* |  | *Date* |