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AANSOEK VIR OPNAME IN N TEHUIS VIR VERSWAKTE PERSONE /
APPLICATION FOR ADMISSION IN A HOME FOR FRAIL CARE

(Voltooi een vorm t.o.v. elke persoon betrokke / Complete ons form for every person involved)

A. IDENTIFISERENDE BESONDERHEDE / IDENTIFYING PARTICULARS:

1. VAN EN VOORNAME: SURNAME AND FIRST NAMES:						
2. IDENTITEITSNOMMER: IDENTITY NUMBER :				OUDERDOM: AGE :		
3. HUIDIGE POSADRES: PRESENT POSTAL ADDRESS:	POSKODE/POSTAL CODE:					
4. HUIDIGE TELEFOONNOMMER: PRESENT TELEPHONE NO:	(H) KODE/CODE:()	(W) KODE/CODE:()	SEL/CELL: _____			
5. GESLAG : SEX:	MANLIK / MALE			VROULIK / FEMALE		
6. HUWELIKSTAAT: MARITAL STATUS :	ONGETROUD/ UNMARRIED	GETROUD / MARRIED	GESKEI / DIVORCED	VERVREEM / SEPARATED	WEWENAAR/WE DUWEE WIDOWED	TRADISNEEL/ TRADITIONAL
7. INDIEN GETROUD, VOLLE NAAMVAN EGGENOOT / EGGENOTE: IF MARRIED , FULL NAMES OF SPOUSE:						
8. INDIEN ENKELLOPEND,SEDERT WANNEER ? IF SINGEL SINCE WHEN ?						
9. HUISTAAL / MOTHER TONGUE:						
10. KERKVERBAND/ DENOMINATION :						
11. HOOGSTE OPVOEDKINDIGE KWALIFIKASIES / HIGHEST EDUCATION QUALIFICATION :						
12. WAT WAS U HOOFBEROEP? WHAT WERE YOUR MAIN OCCUPATION ?						
13. HOOFBEROEP VAN U EGGENOOT/NOTE? (indien van toepassing) MAIN OCCUPATION OF YOUR HUSBAND / WIFE?(if applicable)						
14. BELANSTELLINGS / STOKPERDJIES INTERESTS / HOBBIES?						

B. MAATSKAPLIKE FUNKSIONERING / SOCIAL FUNCTIONING

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15. BY WIE WOON U TANS ? <i>WHERE DO YOU STAY AT PRESENT ?</i>			
16. HUIDIGE WOONADRES/ <i>PRESENT LIVING ADDRESS ?</i>			
17. WAT IS DIE PREMIERE REDE WAAROM U OPNAME VERLANG? <i>WHAT IS THE PRIMARY REASON WHY YOU WANT TO BE ADMITTED?</i>			
18. MELD SPESIFIEKE SITUASIES WAT N INVLOED OP U MAATSKAPLIKE FUNKSIONERING HET / GEHAD HET . <i>STATE SPECIFIC SITUATIONS WHICH INFLUENCES(d) YOUR SOCIAL FUNCTIONING .</i>			
C. GEINSWITUASIES / FAMILY SITUATION :			
19. AANTAL KINDERS / <i>NUMBER OF CHILDREN</i>	SEUNS : <i>SONS :</i>	DOGTERS : <i>DAUGHTERS:</i>	HOEVEEL IS ONAFHANKLIK? <i>HOW MANY ARE INDEPENDENT?</i>
20. IS U KINDERS BEREID OM U FISIES , EMOSIONEEL EN FINANSIEEL BY TE STAAN / <i>ARE YOUR CHILDREN WILLING TO SUPPORT YOU PHYSICALLY, EMOTIONALLY AND FINANCIALLY ?</i>			
D. PSIGIATRIESE GESKIEDENIS / PSYCHIARIC HOSTORY :			
21. HET U AL PSIGIATRIESE BEHANDELING ONTVANG ? INDIEN JA , WAT WAS DIE DIAGNOSE ? <i>HAVE YOU EVER RECEIVED PSYCHIATRIC TREATMENT ? IF YES , WHAT WAS THE DIAGNOSIS?</i>			
22. WIE IS / WAS U PSIGIATER ? <i>WHO IS / WAS YOUR PSYCHIARIST ?</i>			
23. INDIEN GEHOSPITALISEER, BY WATTER INRIGTING ? <i>IF HOSPITALISED, AT WHICH INSTITUTION?</i>			
24. TYDPERK VAN BEHANDELING ? <i>PERIOD OF TREATMENT ?</i>			
E. MEDIESE SITUASIE / MEDICAL SITUATION			
25. BEHOORT U AAN N MEDIESE FONDS ? <i>DO YOU BELONG TO A MEDICAL AID ?</i>	JA <i>YES</i>	NEE <i>NO</i>	INDIEN JA , NAAM VAN DIE FONDS <i>IF YES , NAME OF FUND .</i>
26. MAAK U GEBRUIK VAN STAATSMEDIES DIENSTE? <i>DO YOU UTILIZE STATE MEDICAL SRVICES ?</i>			
27. HOEDANIG IS U ALGEMENE GESONDHEIDSTOESTAND? <i>HOW ARE YOUR PRESENT STATE OF HEALTH ?</i>	GOED / <i>GOOD</i>	REDELIK/ <i>FAIR</i>	SWAK/ <i>POOR</i>
28. MELD SPESIFIEKE SIEKTES, GEBREKE & GEREELDE MEDIKASIE . <i>STATE SPECIFIC ILLNESSES , DISABILITIES & REGULAR MEDICATION</i>			
29. MELD OPERASIES REEDS ONDERGAAN EN DATUMS DAARVAN . <i>STATE OPERATIONS UNDERWENT AND THE DATES THEREOF .</i>			
30. MELD ALLERGIEE / <i>STATE ALLERGIES</i>			

F. FINANSIELE POSISIE / FINANCIAL POSITION		
31. VERKLARING VAN INKOMSTE . / <i>DECLARATION OF INCOME</i>	AANGEHEG JA <i>ATTACHED YES</i>	NEE <i>NO</i>
G. BEGRAFNISREELINGS / FUNERAL ARRANGEMENTS		
32. NAAM VD ONDERNEEMING/ <i>NAME OF THE UNDERTAKER</i>		
33. WIE IS VERANTWOORDELIK VIR DIE REELIGS ? <i>WHO IS RESPONSIBLE FOR FUNERAL ARRANGEMENTS ?</i>		
34. WAT IS U VOORKEUR ? <i>WHAT IS YOUR PREFERENCE ?</i>	BEGRAFNIS <i>FUNERAL</i>	VERASSING <i>CREMATION</i>

H. NAME EN ADRESSE VAN KINDERS / NAMES AND ADDRESSES OF CHILDREN

NAME EN ADRESSE VAN U KINDERS / NAMES AND ADDRESSES OF YOUR CHILDREN :

1. TEL NO -
-
2. TEL NO -
-
3. TEL NO -
-
4. TEL NO -
-
5. TEL NO -
-
6. TEL NO -
-

HIERMEE VERKLAAR EK DAT DIE GEGEWENS IN HIERDIE AANSOEKVORM VERSTREK TOT DIE BESTE VAN MY WETE KRREK IS.
I HERBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE , THE PARTICULARS GIVEN IN THIS APPLICATION FORM ARE CORRECT .

EK ONDERNEEM OOK DAT INDIEN EK AS INWONER OPGENEEM WORD, EK MY SAL NEERLE BY DIE HUISREELS EN REGULASIES VAN DIE SENTRUM SOOS OPGESTEL DEUR DIE BESTUUR EN SOOS DIT VAN TYD TOT TYD GEWYSIS MAG WORD.
I ALSO UNDERTAKE THAT PROVIDED I BE ACCEPTED AS AN INHABITANT, I WILL ABIDE BY ALL DOMESTIC RULES AND REGULATIONS OF THE CENTRE AS COMPILED BY MANAGEMENT AND SUBJECT TO ADJUSTMENT FROM TIME TO TIME.

.....
HANDTEKENING VAN APPLIKAAT
SIGNATURE OF THE APLICANT

.....
DATUM
DATE