

# AANSOEK VIR OP NAME / APPLICATION FOR ADMISSION

SAVF BEHUISINGSKEMA / HOUSINGScheme: .....

## APPLIKANT SE BESONDERHEDE / APPLICANT'S DETAILS

Van en Voorname  
Surname and First Names .....

Identiteitsnommer  
Identity number ..... Ouderdom  
Age .....

Manlik / Male ..... Vroulik / Female .....

Posadres  
Postal Address .....

..... Poskode / Postal Code .....

Woonadres  
Address .....

..... Poskode / Postal Code .....

Telefoonnommers  
Telephone numbers (H) ..... (W).....

Sel / Cell .....

Huwelikstatus  
Marital Status

Ongetroud Unmarried	Getroud Married	Geskei Divorced	Vervreemd Separated	Wewenaar Weduwee Widowed	Tradisioneel Traditional
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Rede vir aansoek .....

Huistaal  
Home language ..... Kerkverband  
Denomination .....

Werk u? Indien wel, waar?  
Do you have a job? If so, where? ..... Watter ure?  
Which hours? .....

Is u van plan om vuurwapens aan te hou. JA / NEE Indien ja - lisensie nommer (heg afskrif aan):

Voertuig en bestuurderslisensie  
Motor vehicle and drivers license

Mediese fonds  
Medical aid .....

Nommer  
Number .....

**VERKLARING VAN INKOMSTE  
DECLARATION OF INCOME**

(vir voltooiing in die geval van sub-ekonomiese behuising)  
(to be completed in case of sub-economical housing)

INKOMSTE INCOME			MAANDELIKSE BEDRAG MONTHLY AMOUNT	
			Self Self	Gade Spouse
1. Tipe Pensioen		Verw. Nr. Ref. No		
1.1				
1.2				
2. Beleggings Investments				
Instansie Institution	Bedrag belê Amount invested	Rentekoers Interest rate		
2.1				
2.2				
2.3				
3. Ander bron van inkomste (spesifiseer) Other sources of income (specify)				
3.1				
3.2				
4. Geen inkomste – merk met X No income – indicate with X				
TOTAAL TOTAL				

**Verklaring: Die applicant verklaar dat die bogenoemde inligting waar en korrek is en bindend vir sy / haar gewete**

**Declaration: The applicant declares that the above information is true and correct and binding on his / her conscience.**

Handtekening / merk van applicant

Signature / mark of applicant .....

Handtekening van Kommissaris van Ede

Signature of Commissioner of Oaths .....

Datum

Date .....

# MEDIËSE SERTIFIKAAT / MEDICAL CERTIFICATE

- Moet deur 'n Mediese Praktisyn of Professionele Verpleegkundige voltooi word
- Must be completed by a Medical Practitioner or a Professional Nurse
- Voltooi in geval van spesiale keuring of herevaluering van "n inwoner
- Complete in case of special selection or re-evaluation of a resident

## MEDIËSE PRAKTISYN - VERPLEEGKUNDIGE / DOCTOR - NURSE

Naam in drukskrif / Name in print .....

Telefoonnommer / Telephone Number .....

Buitepasient / Out patient ..... HOSPITAAL / HOSPITAL

### APPLIKANT SE BESONDERHEDE APPLICANT'S DETAILS

<b>Van / Surname</b>										
<b>Voorname / First names</b>										
<b>ID nommer / ID number</b>										
<b>Ouderdom / Age</b>										
<b>Manlik / Male</b>										
<b>Vroulike / Female</b>										

<b>Lengte Length</b>					<b>Massa Weight</b>		
<b>Allergië Allergies</b>							
<b>Operasies (tipe en jaar) Operations (tipe and year)</b>							
<b>Sig Sight</b>	<b>Swaksiende Poor eye sight</b>	<b>Katarakte Cataracts</b>	<b>Retinitis Pigmentosa</b>		<b>Gloukoom Glaucoma</b>		
<b>Gehoer Hearing</b>		<b>Sensories doof Sensory deafness</b>	<b>Hardhorend Hard of hearing</b>		<b>Gehoorapparaat Hearing aid</b>		
<b>Vel Skin</b>	<b>Littekens / Wonde Scars / Wounds</b>	<b>Uitslag Jeuk Rash / Itch</b>	<b>Ekseem Eczema</b>		<b>Psoriase Psoriasis</b>		
<b>Kardiovaskulêr Cardiovascular</b>		<b>Bloeddruk Blood pressure</b>			<b>Pols Puls</b>		

<b>Perifêre sirkulasie Periphery culation</b>							
<b>Sianose Cyanosis</b>							

Hart probleme Heart problems		Pasaangeër Pace maker	KHV CCF	Hartblok Heart Block
Long probleme Lung problems				
Spysvertering Digestive		Diafragma breuk	Peptiese ulkus Peptic ulcer	Hardlywigheid Constipation
Lewer / Gal / Pankreas / Milt Liver / Gall / Pancreas / Spleen				
Urogenitaal Urogenital		Urine toets Urine test		
Inkontinensie Incontinence				
Prostaat Prostate				
Ginekologies Gynecological				
Skelet-Spierstelsel Muscular-Skeletal		Artritis Arthritis	Spasties Spastic	Vervormd Deformity
Mobiel Mobile	Rolstoel Wheelchair	Bedlêend Bedridden	Osteoporose Osteoporosis	Frakture perosis Fractures
Ander Ortopediese probleme Other Orthopedic problems				
Limf en Kliere Lymph and Glands		Borste Breasts	Tiroid Thyroid	Ander Other
Senuweestelsel Nervous System		Bewerig Tremors	Duise ligheid Dizziness	Hoofpyne Headaches
Epilepsie Epilepsy		Perifere Neuropatie Perifery Neuropathy		
Ander probleme Other problems				
Psigiatriese evaluasie Psychiatric Evaluation		Geheue Memory		Orientasie Orientation
Depressie Depression		Selfmoord pogings Suicide attempts		Selfmoord gedagtes Suicidal thoughts
Demensie Demensia				
Psigose Psychosis		Tans At present		Voorheen Previously
Afhanklikheid Dependency		Alkohol – Tans Alcohol – At present		Alkohol – vantevore Alcohol – previously
		Pyntablette Pain tablets		Purgeermiddels Laxatives
		Slaappille Sleeping pills		Susmiddels Narcotics
Ander medikasie afhanklikheid Other medication dependency				
Agressie Aggression		Verbaal Verbal		Fisies Physical

<b>Slaappatroon</b> <b>Sleep pattern</b>	
<b>Huidige diagnose</b> <b>Current diagnosis</b>	Fisies Physical
	Psigiese Psychological
<b>Ander relevante inligting</b> <b>Other relevant information</b>	

<b>Word hulp benodig met</b> <b>Need help with</b>	Mobilitéit Mobility	Kleding Dressing
	Voeding Feeding	Higiëne Hygiene

**HUIDIGE MEDIKASIE / CURRENT MEDICATION**

<b>Naam van die medikasie /</b> <b>Name of the medication</b>	<b>Dosis / Dosage</b>	<b>Frekwensie / Frequention</b>

**Enige verder aanbevelings**  
**Any further recommendations** .....

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**Dokter / verpleegkundige se Handtekening**  
**Doctor's / Nurse's Signature**

\_\_\_\_\_  
**Datum / Date**

**MEDIESE TOESTANDE / GESKIEDENIS  
MEDICAL SITUATION / HISTORY**

MEDIESE TOESTAND MEDICAL SITUATION	WANNEER GEDIAGNOSEER WHEN DIAGNOSED	IS DIE TOESTAND ONDER BEHEER: JA/NEE IS THE SITUATION UNDER CONTROL: YES/NO	MEDIKASIE IN GEBRUIK MEDICATION IN USE

Testament (Ja / Nee) ..... Waar?  
Will (Yes / No) ..... Where? .....

Begrafnispolis (Ja / Nee) ..... Polisnommer  
Funeral policy (Yes / No) ..... Policy number .....

Naam van Ondernemer .....  
Name of Undertaker .....

Indien geen polis, wie is verantwoordelik vir reëlings en koste?  
If no policy, who is responsible for arrangements and costs? .....

Wat verkies u / what do you prefer?:

Begrafnis / Burial ..... Verassing / Cremation .....

Verantwoonrdelike persoon t.o.v. ontruiming van wooneenheid in geval van dood:

Naam van kontakpersoon ..... Hoedanigheid .....

**BESONDERHEDE VAN NAASBESTAANDES / DETAILS OF NEXT OF KIN**

NAAM / NAME	ADRES / ADDRESS	TEL NO	VERWANTSKAP RELATION
	Woon / Residential: Pos / Postal:		
	Woon / Residential: Pos / Postal:		
	Woon / Residential: Pos / Postal:		

Toestemming word gegee vir die vervoer van die inwoner, en dat die SAVF of personeel van ..... nie verantwoordelik gehou sal word in geval beserings as gevolg van 'n ongeluk nie. / Premission are given to transport the resident, and that the SAVF or personnel ..... will not be held responsible for injuries obtained in the event of an accident.

Handtekening / Signature ..... Datum / Date .....