



THE EXECUTIVE WELFARE COUNCIL OF THE AFM OF SA (AFM WELFARE)

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APPLICATION FORM: HOUSE-PARENTS

(Completed Form Must be submitted to the AFM Welfare Program Manager)

1. Identifying Details of Applicant and Family:

a. Applicant:

	Applicant	Spouse
Name and Surname:		
ID Number:		
Nationality: (If not South African, attach a copy of work permit)		
Home Address:		
Telephone No:		

b. Marriage Details:

- Marriage Date: _____
- Previous Marriages of husband/wife: (Mention whether terminated by death or divorce If divorced supply dates and number of divorce order)

Applicant: _____

Partner: _____

c. Dependents/ Children:

Name & Surname	Sex	Date of Birth	School & Grade	Do they reside with you?

Give Details of other dependents- if not children: _____

2. Family History:

	Wife	Husband
How many children were you in your family?	Boys: Girls:	Boys: Girls:
How would you describe your parent's marriage?		
How would you describe your relationship with your parents?		

3. Information on Personality:

	Wife	Husband
Give a short description of your personality (e.g. what kind of person are you?)		
Circle the words that describe you most.	Active, Ambitious, Self-confident, Nervous, Hardworking, Impatient, Impulsive, Moody, Sad, Excited, Negative, Creative, Calm, Serious, Easy-going, Introvert, Good Natured, Extrovert, Loving, Leader, Quiet, Sensitive, Submissive Other:	Active, Ambitious, Self-confident, Nervous, Hardworking, Impatient, Impulsive, Moody, Sad, Excited, Negative, Creative, Calm, Serious, Easy-going, Introvert, Good Natured, Extrovert, Loving, Leader, Quiet, Sensitive, Submissive Other:
Strengths		
Weaknesses		
Have you been diagnosed or undergone any psychiatric/psychological treatment? If Yes, please give details.		

4. Approach to discipline:

	Wife	Husband
What are your thoughts on discipline?		
How do/ would you discipline a child?		

5. Health:

	Wife	Husband
How would you describe your health? (Excellent, Average, Poor)		
List all the important sicknesses/illnesses/accidents that you have or have experienced:		
Are you on medication at present? If "yes", specify:		
Have you ever had an emotional setback? If "yes" give detail:		
Give details of Smoking & Drinking Habits		

6. Financial Position:

	Wife	Husband
Monthly Income:		
Assets:		
Monthly Expenses: House, Food, Clothes, other.		
Comments:		

7. Work History (Give details regarding your work history over the last 4 years):

a. Applicant:

Name, Address, Tel of employer	Position	From	To	Reason for Resignation

Income Tax Ref No: _____

Present Salary: _____

b. Spouse:

Name, Address, Tel of employer	Position	From	To	Reason for Resignation

Income Tax Ref No: _____

Present Salary: _____

8. Religious/Spiritual History:

	Wife	Husband
Which church do you belong to?		
How long have you been a member?		
Pastor's Details (Name & Contact No)		
Explain any recent changes in your Spiritual Life- if any?		

9. Educational History:

	Wife	Husband
Highest grade completed?		
Specify any further training?		

10. Motivation for Application:

	Please explain your reason/ motivation for applying for this post:
Applicant	
Spouse	

11. Date available to commence service, if application is successful? _____

12. References:

- a. Name: _____ Contact No.: _____
- b. Name: _____ Contact No.: _____
- c. Pastors Name: _____ Contact No.: _____

13. Declaration:

- I hereby declare that the abovementioned information is correct / the truth.
- I hereby declare that I have never been accused / charged of any form of abuse / misconduct towards children and have completed the **attached affidavit**.
- I/We hereby give permission that a background check may be performed.
- A **Police Clearance Certificate** is necessary for the successful applicant and will be required prior to the starting date.
- I hereby give permission to undergo, further screening/ assessment, which might be necessary to evaluate my suitability for the position.

Date

Applicant Signature

Date

Spouse Signature

Please ensure that the following documents are attached:

- Certified copy of ID document – both parties where applicable
- Certified copy of driver's license– both parties where applicable
- Qualifications
- Sexual offences affidavit

AFFIDAVIT

I, the undersigned, _____, with ID number _____ do hereby make an oath and say:

1.

I am the applicant in this matter, having applied for appointment as a **House parent, Holiday parent, Volunteer, Management Committee member** For House:

_____ or For Child (ren): _____, _____, a child/ or with children as defined in the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 (the Sexual Offence Act), and the Children's Act 38 of 2005.

2.

- 2.1** I have not been convicted of any sexual offence against a child or a person who is mentally disabled.
- 2.2** There is no allegation against me of having committed a sexual offence against a child or a mentally disabled person.
- 2.3** I have not been dealt with in terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.

3.

My name does not appear in the National Register for Sex Offenders, established in terms of the Sexual Offences Act

4.

To the best of my knowledge and belief, none of the current occupants of my residence:

- 4.1** has been convicted of any sexual offence against a child or a mentally disabled person.
- 4.2** has been alleged to have committed a sexual offence against a child or a mentally disabled person.
- 4.3** Has been dealt with in terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.
- 4.4** has his/her name recorded in the National Register for Sex Offenders.

5.

I have been made aware of the provisions of Section 48(2) and (3) of the Sexual Offences Act. Should there be a change in my status as mentioned in paragraphs 2 and 3 or that of the people mentioned in paragraph 4 hereof, I undertake to immediately draw this to the attention of the court.

Deponent

I certify that before administering the *Oath/ taking the Affirmation, I asked the deponent the following questions and noted *his/her answers in *his/her presence as indicated below:

- (a) Do you know and understand the contents of the above declaration? _____
- (b) Do you have any objection to taking the prescribed oath? _____
- (c) Do you consider the prescribed to be binding on your conscience? _____

I hereby certify that the deponent has acknowledged that:

- He/she knows and understands the contents of this declaration which was
- Sworn to/affirmed before me, and the deponent's
- Signature/thumb print was placed thereon in my presence.
- Delete which is not applicable.

Dated at _____ on this _____ day of _____.

Justice of the Peace/Commissioner of Oaths

Full names and surname _____
Designation _____
Area for which appointed _____
Physical Address _____