

# Needs Assessment Form

**THE EXECUTIVE WELFARE  
COUNCIL OF THE AFM OF SA**



## HEAD OFFICE

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NPO Reg. No. : 000-762 | PBO No. : 18/11/13/1456 SARS | E-filing : 13000 1456

## Needs Assessment Form

### AFM Family,

This is a Needs Assessment Form. Please share it with your members to fill in and return. The information will help the Welfare Committee/Team to understand their needs and provide the right support.

We also know that AFM Assemblies are diverse – therefore you are welcome to use this form as it is or adapt it to the context of your specific Assembly.

### BIOGRAPHICAL INFORMATION:

I, Full Names:  Initials:

Surname:

ID number:

Residential Address:

Postal Code :

Postal Address :

Postal Code :

Contact Details : Cell :  Work :

E-mail :

Level of Education:

Occupation:  e.g. housewife

Marital Status (tick): Single  Married  Divorced  Widowed  Separated

If married, name and surname of spouse:

Name and Surname:

Level of Education:

Occupation:

Address of Employment:

Postal Code :

## FAMILY COMPOSITION

NAME & SURNAME	AGE	RELATIONSHIP	OCCUPATION	MARITAL STATUS

Type of help that can be appreciated:

Signed at:  (Town/City)      Date:  DD/MM/YY

Signature: