



Cresset House

141 Hampton Road, Glen Austin Ext. 1, Midrand

P.O Box 74, Halfway House, Gauteng, 1685

Tel: +27 11 314 1148

Email: info@cresset.org.za or services@cresset.org.za

Website: www.cresset.org.za

Chief Executive Office: *Merilyn Pick*

VILLAGER PRE-APPLICATION QUESTIONNAIRE

Particulars of Prospective/Admitted Villager: Male Female

Particulars of Prospective Admission: Residential Day Villager

Surname:

First Names:

Date of Birth:

ID Number:

In receipt of a Disability Grant: Yes No

Nationality:

Home Language:

Religion:

Diagnosed Disability: .

Residential and Work Facilities for Adults with Intellectual Disabilities

Registered as a NPO (Act 71 of 1997) Companies Act 71 of 2008 Schedule 1

NPO Registration Number – 003-319 NPO and

PBO in terms of the Income Tax Act 1962 Article 30 and the Ninth Schedule

Particulars of Parents / Guardian

Full Name:

ID No:

Occupation:

Employer/Business:

Postal Address:

Tel No: (H)

Tel No: (B)

Cell:

E-mail:

Particulars of Person Responsible for the Account:

Full Name:

ID No:

Occupation:

Employer/Business:

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Postal Address:

Home Address:

Work Address:

Tel No: (H)

Tel No: (B)

Cell:

E-mail:

Other Next of Kin (name, address and telephone number):

Summary of medical information: (Please supply full & detailed information)

Any special condition(s) requiring care? (Epilepsy, Allergies etc.)

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Please attach medical report (not older than 6 months) from family medical doctor confirming above and other relative issues.

Medication – Prescribed & Other:

Medical Aid and number

Medical accounts to be sent to:

Any special characteristics, interests and hobbies:

Any Particular/Specific Behavioral Traits?

General

Why do you want your son/daughter/ward to join Cresset House?

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