



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 Villager:

Male:

Female:

Particulars of Prospective Admission:

Residential:

Day Villager:

Surname: _____

First Names: _____

Date of Birth: _____

ID Number: _____

In receipt of a Disability Grant from SASSA:

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 Number: _____

Occupation: _____

Employer/Business: _____

Home Address: _____

Tel No: (H) _____

Tel No: (B) _____

Cell: _____

E-mail: _____

Particulars of Person Responsible for the Account:

Full Name: _____

ID Number: _____

Occupation: _____

Employer/Business: _____

Postal Address: _____

Home Address: _____

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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.)

***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 _____

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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/sibling to join Cresset House?

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