



Hermanus  
Child & Family Services

32 Malva Street, Mount Pleasant, Hermanus  
P.O. BOX 31, Hermanus, 7200  
Tel: 028 313 0830/1 F:028 313 0832  
info@hcfs.org.za  
NPO: 002-883 - PBO: 930037565

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## SAFETY PARENT APPLICATION

	Prospective Safety Father	Prospective Safety Mother
Name		
Surname		
Nationality		
ID Number		
Contact number		
Police Clearance date		
Date of check against the Child Protection Register (Form 30)		

### CURRENT MARRIAGE:

Marriage date	
City/town where married	

### APPLICANT'S CHILDREN:

	Child 1	Child 2	Child 3
Name			
Surname			
Date of birth			
Male/Female			

### APPLICANT'S CHILDREN'S DEVELOPMENT

Please give details of serious health problems, hospitalizations, enuresis, asthma, hearing or speech problems, feeding problems, sleep problems, development delays, learning problems and any other significant details.

### INTERESTS AND HOBBIES

Please give details of family interests and activities, including children's extra curricula activities.

### OTHER HOME OCCUPANTS:

	Occupant 1	Occupant 2	Occupant 3
Name			
Surname			
ID Number			
Relationship to applicant			



## PROSPECTIVE SAFETY FATHER

### Educational Background:

School attended	
Grade passed	
Tertiary institution attended	
Highest qualification achieved	

### Current employment:

Company	
Position	
Job description	
Contact person	
Contact number	
Email address	

### Previous employment record:

Company name	Start date	End date

### Previous marriage history:

Name of person married to	Marriage date	End date	Reason

**Religious background:**

Religion	
Congregation	
Congregation address	
Attendance per month	
Level of involvement	
Name of Religious leader	
Contact number	
Email address	

**Health information:**

Chronic illnesses	
Other health problems	

## PROSPECTIVE SAFETY MOTHER

### Educational Background:

School attended	
Grade passed	
Tertiary institution attended	
Highest qualification achieved	

### Current employment:

Company	
Position	
Job description	
Contact person	
Contact number	
Email address	

### Previous employment record:

Company name	Start date	End date

### Previous marriage history:

Name of person married to	Marriage date	End date	Reason

**Religious background:**

Religion	
Congregation	
Congregation address	
Attendance per month	
Level of involvement	
Name of religious leader	
Contact number	
Email address	

**Health information:**

Chronic illnesses	
Other health problems	

## CHILD SAFE CARE HISTORY

Have you taken in a child into safe care before?                      Y                      N

If yes:

Age of child	Start date	End date	Details

How did you hear of becoming a safety parent?

Do you have any preference of child age of gender?

Please give reasons for your wanting to become a safety parent:



**APPLICANT REFERENCES (not family members)**

Name	
Surname	
ID number	
Title	
Relationship to applicants	
Contact number	
Email address	

Name	
Surname	
ID number	
Title	
Relationship to applicants	
Contact number	
Email address	

**We hereby certify that all the information given above is true and correct:**

	<b>Prospective Safety Father</b>	<b>Prospective Safety Mother</b>
Name		
Surname		
Signature		
Date		



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## Application for Criminal Record Check

Surname:						
Full Names:						
Maiden Name:						
Country of birth:						
Date of birth:	Y	Y	M	M	D	D
Applicant's contact number						
SA ID number						
Passport number						
Reason for application:						

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please deposit **R200** into HCFS bank account, the banking details are as follows:

Hermanus Child & Family Service  
ABSA Hermanus  
Branch code 632005  
Current account 4095987095  
Reference: [NAME] Police Clearance

Please attach the following to your application;

1. Proof of payment for R200.
2. **CERTIFIED** copy of identity document.

**FORM 30**

**INQUIRY BY PERSON TO ESTABLISH WHETHER HIS/HER NAME IS INCLUDED IN PART B OF NATIONAL CHILD PROTECTION REGISTER**

(Regulation 44)

[SECTION 126 (3) OF THE CHILDREN'S ACT 38 OF 2005]

TO: The Director-General  
Department of Social Development  
Private Bag X901  
PRETORIA  
0001

Dear Sir / Madam In terms of section 126 of the Children's Act, 38 of 2005, I \_\_\_\_\_ full Names and surname) wish to inquire whether my name is included in Part B of the National Child Protection Register. A certified copy of one of the following documents is attached as verification of my identity (mark with an "x"):

- birth certificate (only if not in possession of identity document or passport)
- identity document
- passport

In the event that my name is included in Part B of the Register, kindly furnish reason why this was done. **Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.**

My personal details are:

Full names:	
Surname:	
ID number:	
Physical address:	
Postal address:	
Telephone numbers:	

Yours sincerely

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)