



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

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			

FINANCIAL INFORMATION:

Income

Combined salary income	
Other income	
TOTAL INCOME	

Expenditure:

Item	Amount
TOTAL EXPENDITURE	

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:

	Prospective Safety Father	Prospective Safety Mother
Name		
Surname		
Signature		
Date		

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:

Title:	
Full names:	
Surname:	
ID number:	
Magisterial District (e.g. Overberg)	
Municipality (e.g. Overstrand)	
Physical address	
Postal address	
Mobile number	

Yours sincerely

(Signature)

(Date)