

Geagte Ouer/Voog  
Dear Parent/Guardian

### **AANSOEK OM TOELATING/APPLICATION FOR ADMISSION**

1. Aangeheg die aansoekvorms om toelating tot Emmaus Beskermde Werksentrum vir Volwasse Intellektuele Gestremdes.  
Attached please find the application forms for admission to Emmaüs Protective Work Centre for Adult Disabled.
2. Let asseblief dat die toelatingsvereistes deel uitmaak van die aansoekvorms. U word versoek om dit deeglik deur te gaan.  
Please note that the admission criteria is part of the application form. You are requested to read it through carefully.
3. Die Sentrum het al in die verlede probleme met die versorging/aanpassing van 'n inwoner ondervind deurdat sekere inligting op die aansoekvorms nie korrek deurgegee is nie of verswyg is. Maak dus asseblief seker dat u alle inligting deurgee soos versoek.  
The Centre experienced problems in the past regarding the caring/adaptation of a resident because certain information was not mention on the application forms. Please ensure that you supply us with all relevant information as requested.
4. Indien daar enige mediese geskiedenis is waarvan ons moet kennis dra, bv. epilepsie, gedragsafwykings of gereelde medikasie, moet dit op die vorm aangetoon word. Dit is belangrik dat u geen inligting mag verswyg wat ons nodig het om u kind te versorg nie.  
Should there be any medical history regarding your child that we should know, like epilepsy, behavioral problems or chronic medication, it must be mentioned on the application form. It is very important that you do not keep important information from us.
5. **Let asseblief daarop dat elke voornemende aansoeker 'n voorafgereelde besoek aan die Sentrum moet bring nadat die voltooide aansoekvorms ontvang is.**  
**Please note that all applicants must pay a pre-arranged visit to the Centre after the completed application forms have been received.**
6. **Neem asseblief kennis dat die maatskaplike verslag ook 'n voltooide DQ98 moet bevat.**  
**Please keep in mind that the Social Worker's report must also include a completed DQ98 form.**

**EMMAÛS BESKERMDE WERKSENTRUM MET KOSHUISFASILITEITE VIR INTELLEKTUELE VOLWASSE GESTREMDES**

**EMMAÛS PROTECTIVE WORK CENTRE WITH HOSTEL FACILITIES FOR INTELLECTUALLY DISABLED ADULTS**

**ALGEMENE INLIGTING EN AANSOEK  
GENERAL INFORMATION AND APPLICATION**

**VORM A:** VIR U INLIGTING: TOELATINGSVEREISTES  
**FORM A:** FOR YOUR INFORMATION: ADMISSION CRITERIA

**VORM B:** MOET DEUR APPLIKANT/OUER/VOOG VOLTOOI WORD  
**FORM B:** MUST BE COMPLETED BY APPLICANT/PARENT/GUARDIAN

**VORM D:** MEDIESE VORM: AFDELING A– Ouer/voog voltooi  
AFDELING B – Dokter voltooi  
**FORM D:** MEDICAL VORM: SECTION A – Parent/Guardian must complete  
SECTION B - Doctor must complete

**VORM E:** GEREGISTREERDE MAATSKAPLIKE WERKER MOET VOLTOOI  
**FORM E:** REGISTERED SOCIAL WORKER MUST COMPLETE

**VORM F:** FINANSIËLE VORM  
**FORM F:** FINANCIAL FORM

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DIE SENTRUMHOOF  
EMMAÛS BESKERMDE WERKSENTRUM

THE HEAD OF CENTRE  
EMMAÛS PROTECTIVE WORK CENTRE

POSBUS 6/MEMORIUMSTRAAT 6  
GEORGE  
6530

P O BOX 6/6 MEMORIUM STREET  
GEORGE  
6530

TEL/FAX:  
EPOS/EMAIL:  
WEBWERF/WEBSITE:

044 – 873 4196  
[socialw@emmausgeorge.co.za](mailto:socialw@emmausgeorge.co.za)  
[www.emmausgeorge.co.za](http://www.emmausgeorge.co.za)

**AANSOEK OM TOELATING**  
**APPLICATION FOR ADMISSION**

Voltooi asseblief met applikant se inligting/Please complete applicant's information

1. VAN/SURNAME: .....

2. VOORNAME: .....  
FIRST NAMES:

3. IDENTITEITSNR: .....  
IDENTITY NO:

4. GEBOORTEDATUM: ..... PLEK VAN GEBOORTE: .....  
DATE OF BIRTH: ..... PLACE OF BIRTH: .....

5. HUISTAAL: .....  
HOME LANGUAGE:

6. KERKVERBAND: .....  
RELIGION:

7. BY WIE WOON U TANS? .....  
WITH WHOM DO YOU LIVE AT PRESENT?

7.1 ADRES: .....  
ADDRESS: .....  
.....

7.2 TELEFOONNR: (Huis en selfoon): .....  
TELEPHONE: (Home and Cellphone):.....

7.3 EPOS/EMAIL: .....

8. NAASBESTAANDE: .....  
NEXT OF KIN:

8.1 VERWANTSKAP: .....

RELATIONSHIP:

- 8.2 ADRES: .....  
ADDRESS:
- 8.3 TEL NO: TUIS/HOME: ..... WERK/WORK: .....
9. IS U 'N SUID AFRIKAANSE BURGER? .....  
ARE YOU A SOUTH AFRICAN CITIZEN? .....
- 9.1 INDIEN NIE 'N S.A. BURGER, HOE LANK IS DIE AANSOEKER REEDS IN  
S.A? IF NOT A S.A. CITIZEN, HOW LONG HAS THE APPLICANT BEEN  
IN S.A.? .....
- 9.2 HET U 'N PERMANENTE VERBLYFPERMIT? .....  
DO YOU HAVE A PERMANENT RESIDENT'S PERMIT?
10. HUWELIKSTAAT: .....  
MARITAL STATUS:
11. KAN U USELF TEN VOLLE VERSORG? .....  
CAN YOU TAKE CARE OF YOURSELF COMPLETELY?
12. HOEDANIG IS U GESONDHEIDSTOESTAND?  
GOED ..... REDELIK ..... SWAK .....
13. LAASTE SKOOL BESOEK? .....  
LAST SCHOOL ATTENDED?
14. HET U AL OOIT BESKUTTE OF BESKERMDE ARBEID VERRIG? .....  
HAVE YOU EVER DONE SHELTERED OR PROTECTED EMPLOYMENT?
- 14.1 INDIEN WEL, WAAR? .....  
IF SO, WHERE?
- 14.2 REDE VIR BEDANKING? .....  
REASON FOR RESIGNING?
- 14.3 WATTER TIPE WERK KAN U DOEN? .....  
WHAT TYPE OF WORK CAN YOU DO?
- 14.4 WATTER TIPE WERK WIL U GRAAG VERRIG? .....  
WHAT TYPE OF WORK WOULD YOU LIKE TO DO?
15. ONTVANG U 'N ONGESKIKTHEIDSTOELAE? .....

DO YOU RECEIVE A DISABILITY GRANT?

15.1 ONTVANG U ENIGE ANDER INKOMSTE BEHALWE DIE ONGESKIKTHEIDS TOELAE? BESKRYF ASSEBLIEF VOLLEDIG: / DO YOU HAVE ANY OTHER INCOME APART FROM THE DISABILITY GRANT? PLEASE GIVE FULL DETAILS:

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16. KAN U BEVELE GEHOORSAAM? .....  
CAN YOU OBEY ORDERS?

16.1 KAN U SAAM MET ANDER WERK? .....  
CAN YOU WORK WITH OTHER PEOPLE?

16.2 KAN U IN 'N GROEP WERK? .....  
CAN YOU WORK IN A TEAM?

16.3 IS U BEREID OM VAN ANDER TE LEER? .....  
ARE YOU WILLING TO LEARN FROM OTHERS?

16.4 KAN U KRITIEK AANVAAR? .....  
CAN YOU ACCEPT CRITISISM?

16.5 IS U BEREID OM HARD TE WERK? .....  
ARE YOU WILLING TO WORK HARD?

17. HET U 'N BEGRAFNISPOLIS? INDIEN JA, GEE VERWYSINGSNOMMER: DO YOU HAVE A FUNERAL POLICY? IF YES, PLEASE GIVE REFERENCE NUMBER:.....

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18. GEE VOLLEDIGE REDES WAAROM U TOT EMMAÛS SENTRUM TOEGELAAT WIL WORD: /GIVE REASONS WHY YOU WOULD LIKE TO BE ADMITTED TO EMMAÛS

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19. DATUM/DATE: .....

20. HANDTEKENING/SIGNATURE: .....

21. VERWANTSKAP/STATUS: .....  
RELATIONSHIP/STATUS:

**NB OUIERS/FAMILIE VAN PERSONE WAT BY EMMAÜS OPGENEEM WORD BLY VERANTWOORDELIK VIR HULLE! Hierdie verantwoordelikheid behels gereelde kontak, telefonies of besoeke, betaling van maandelikse ouerbydrae, naweke uit asook vakansieplasing 2x per jaar gedurende Junie en Desember.**

**PARENTS/FAMILY MEMBERS OF RESIDENTS STAY RESPONSIBLE FOR THEM! This responsibility consists of regular contact, either visits or telephonically, payment of monthly parent contribution, weekends out as well as 2 compulsory holidays per year (June and December)**