



OUR MISSION

From a Christian frame of reference, to care for committed children in our residential facilities and to develop and empower and reintegrate them and other socially disrupted and disadvantaged children and families to enable them to function independently and to contribute to society.

**APPLICATION FOR A POST AS
 HOUSE-PARENTS**

1 CONTACT PARTICULARS

Surname: _____

Names: Husband: _____
 Wife: _____

Identity numbers: Husband: _____
 Wife: _____

Residential address: _____

Postal address: _____

Telephone number: Home: _____
 Work: Husband: _____ Wife: _____
 Cell phone: Husband: _____ Wife: _____
 E-Mail address: Husband: _____ Wife: _____

2 SCHOOLING AND FURTHER QUALIFICATIONS

Husband			Wife		
Qualification	Institution	Year Achieved	Qualification	Institution	Year achieved

6 PARTICULARS OF REFEREES (not family or friends)

Wife		
Name	Association/Capacity/Institution	Telephone number
1.		
2.		
3.		

Husband		
Name	Association/Capacity/ Institution	Telephone number
1.		
2.		
3.		

7 PERSONAL INFORMATION

Do you have a valid driver's license?

Husband: _____ Wife: _____

If so, which code(s)?

Husband: _____ Wife: _____

Nationality:

Husband: _____ Wife: _____

Age:

Husband: _____ Wife: _____

Marital status:

_____ Date of marriage: _____

Previous marriages:

Husband: _____ Wife: _____

If so, when divorced?

Husband: _____ Wife: _____

Number of children and ages:

How many residing

Home language:

Other languages:

Husband: _____ Wife: _____

What is your church denomination?

Husband: _____ Wife: _____

To which congregation do you belong?

Husband: _____ Wife: _____

Who is your minister?

Husband: _____ Wife: _____

What is his/her contact number?

Husband: _____ Wife: _____

Describe the nature of your church and spiritual activities in this congregation:

Husband: _____

Wife: _____

To which congregation did you belong in the past 5 years? (Please state the names and the contact particulars of the ministers).

Health: *Do you have any health problems that may affect your functionality negatively in the post for which you are applying?*

Husband: Yes / No Wife: Yes / No

Have you been diagnosed with any disease, which may be contagious?

Husband: Yes / No Wife: Yes / No

Alcohol, drug or gambling dependence: *Is there any indication of alcohol, drug or gambling dependence?*

Husband: Yes / No Wife: Yes / No

Have you ever received treatment for the above, if yes, when?

Husband: Yes / No _____ Wife: Yes / No _____

Criminal offences: *Have you ever been prosecuted for child molestation or abuse or any other criminal offences?*

Husband: Yes / No Wife: Yes / No

8 SUPPLEMENTARY DOCUMENTATION

Please attach certified copies of certificates, testimonials (at least one recent testimonial from your minister), other relevant documents and your CV to your completed form. *Please note that your application will only be processed on receipt of these certified documentation.*

9 DECLARATION OF TRUTH

I hereby declare that all information given is true and that any concealment or false declaration will lead to disqualification of my application, or after appointment it may lead to summary dismissal. I hereby also give permission to Abraham Kriel Bambanani to enquire into the veracity of the above information.

Husband: _____ Date: _____

Wife: _____ Date: _____

AFFIDAVIT

I,..... ID.....

residing at.....

declare under oath:

- 1. I have never been charged with an offence against women and children.
- 2. *I have been found guilty of the following criminal charges on the dates specified
 - a. date.....
 - b. date.....
 * I have never been found guilty of any criminal offence.
- 3. I am not an unrehabilitated insolvent person.
- 4. I hereby irrevocably give my permission that my offences status be verified by Abraham Kriel Bambanani which methods include my fingerprint comparisons with databases of government agencies.
- 5. I understand that any false declarations contained herein will result in a charge of perjury against me and will automatically result in instant dismissal.
- 6. I am making this declaration of my own free volition and have not been coerced or influenced in any way to make this declaration.

..... Signature

I certify that before administering the oath I asked the deponent the following questions:

- 1. Do you know and understand the contents of this declaration?
Answer:.....
- 2. Do you have any objection to taking the prescribed oath?
Answer:.....
- 3. Do you consider the prescribed oath as binding on your conscience?
Answer:.....

I certify that the deponent has acknowledged that he/she knows and understands the contents of the declaration.

The above signature of the deponent is affixed to the declaration in my presence.

I verified the identity of the deponent by inspection of his/her Identification Document.

Signed and affirmed before me at..... on this day of..... in the year.....

Signature of Commissioner of Oaths. And Stamp

* Delete which is not applicable and sign the deletion in presence of the Commissioner of Oaths.