



LITTLE ANGELS HOME APPLICATION

All information is treated as confidential.

Complete this application, attach a copy of the applicants Disability Assessment, ID and Road to Health Card and email it all to Tanya at operations@littleangelshome.co.za

Please take note of the following application requirements:

All applicants need to be 8 years and younger.

Once the applicant has been placed into Little Angels Home, it is important to take note of the following age restrictions: Full time care: 0 - 18 years.

Once the learner has reached the maximum age, alternative care arrangements need to be made by the parents / guardian.

Applicants need to be severe to profoundly disabled and wheelchair dependent. Applicants need to be RSA citizens. Little Angels reserves the right of admission.

Please note that Little Angels will request the following information of the parents / guardian, during the assessment of the application:

- 3 Months Bank Statement
- Proof of Address
- Copy of ID's
- Medical report of applicants medical condition

Please get in touch if you have any questions regarding the application. Upon admission of an applicant, an additional contract will need to be signed. Should Little Angels be filled up to capacity, the applicant will be placed on a waiting list and the management team will let you know as soon as a spot opens up.

Take note that we are a care facility and not a medical facility. Preference will be given to children from our substructure and applicants from outside the Western Cape will not be accepted. This is due to funding that is provided by the Western Cape Department of Health.

APPLICANTS DETAILS

e.g person applying on behalf of the learner

Full Name & Surname:	_____	Tel:	_____
Relation to Resident:	_____	Mobile:	_____
Email:	_____	Application Date:	_____

RESIDENTS DETAILS

e.g the learner that would like stay at Little Angels Home

Full Name & Surname:	_____	RSA ID Number:	_____
Gender:	_____	Date of Birth:	_____
Home Language:	_____		
Residential Address:	_____	Postal Address:	_____
	_____		_____
	_____		_____
	Code: _____		Code: _____

PARENTS / GUARDIANS DETAILS

MOTHER

Full Name & Surname:	_____	RSA ID Number:	_____
Marital Status: <i>(single/married/divorced)</i>	_____	Occupation:	_____
Email:	_____	Employer:	_____
Mobile No:	_____	Work No:	_____
Residential Address:	_____	Postal Address:	_____
	_____		_____
	_____		_____
	Code: _____		Code: _____

FATHER

Full Name & Surname: _____
Marital Status: _____
(single/married/divorced)

Email: _____

Mobile No: _____

Residential Address: _____

Code: _____

RSA ID Number: _____

Occupation: _____

Employer: _____

Work No: _____

Postal Address: _____

Code: _____

GUARDIAN

Full Name & Surname: _____
Marital Status: _____
(single/married/divorced)

Email: _____

Mobile No: _____

Residential Address: _____

Code: _____

RSA ID Number: _____

Occupation: _____

Employer: _____

Work No: _____

Postal Address: _____

Code: _____

NEXT OF KIN

Full Name & Surname: _____

Mobile No: _____

SIBLINGS IN HOUSEHOLD

Full Names & Surnames:

Date of Birth:

Gender:

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICAL HISTORY OF RESIDENT

Medical Aid Name: _____
Type of Medical Plan: _____
Main Member: _____
Description of Disability: _____

Medical Aid Number: _____
Dependant Code: _____
Main Member ID No: _____
Disability Type:
Is the resident toilet trained
(yes/no): _____
Is the resident self feeding
(yes/no) : _____
Is the resident self grooming
(yes/no): _____
Is the resident wheelchair
bound (yes/no): _____

Health Conditions

(tick relevant boxes):

Epilepsy

Diabetes

Rheumatic Fever

Seizures

High/low Blood Pressure

Heart Problems

Asthma / Lung Condition

Other

If you ticked any of the boxes above, please describe condition in depth:

Medication Name:

1. _____

2. _____

3. _____

4. _____

5. _____

Dosage & times per day taken:

1. _____

2. _____

3. _____

4. _____

5. _____

Details of any allergies:

Resident's medical history (any illnesses, operations or surgery):

Relevant family medical history:

Family Doctor:

Specialist:

Contact No:

Contact No:

Psychiatrist:

Primary Hospital:

Contact No:

Contact No:

INDEMNITY & CONSENT

Consent Information

From time to time, the centre will require photographs of the residents for publication in the press, annual reports or any other articles published by the centre. All staff members, including interns, working with the residents need to view the information in their folders to assist with their development.

Please make a cross on the relevant box for all scenario's listed below:

- Photographs and/or videos may be taken of my child for in house use for ex. birthday parties, outings, etc.
- Photographs and/or videos may be taken of my child for extrenal use for ex. fundraising articles, press releases and Little Angels website
- My child's name and/or diagnosis may be used with photographs
- My child may be transported by the centre
- All staff may view the contents of my child's folder
- The centre may administer medication (prescribed by the doctor) to my child.
Please do not put medication in the child's case/bag, but hand it to the assistant on the vehicle.

Yes	No

Indemnity Information

I indemnify and undertake to bring no legal proceedings of whatsoever nature or kind, against the Centre and/or any of its Board of Management Members and/or any of its various Committee Members and/or any of its staff members and/or any beneficiary for all or any claims for damages of whatsoever arising out of injury or loss or harm of whatsoever kind, sustained by reason of the use and/or being on the centre's premises, transport or equipment. I acknowledge that Little Angels Home is not a medical facility, but a care facility (emergency care is provided by contracted EMO's). The Centre only insures its own property. The onus is therefore on the parent/guardian to insure your child.

Full Name & Surname: _____

Signatory Relation to _____

Resident: _____

Date: _____

OFFICE USE

Admission Date:

Comments:

Centre Manager:

Signed by:
