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Port Elizabeth

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APPLICATION FOR ACVV KHAYALETHU CHILD AND YOUTH CARE CENTRE

Please complete ALL sections in full.

DETAILS OF REFERRING SOCIAL WORKER AND ORGANISATION	
Name of Social Worker:	
Referring Organisation	
Name:	
Address:	
Contact Number:	
Fax Number:	
Email Address:	
Reference Number:	
Reference Numbers	
Applicant Organisation:	
Department Social Development:	
Children's Court (include district):	

CHILD CONCERNED (Copy of unabridged birth certificate attached)	
Name and Surname:	
Nickname:	
Date of Birth:	
Age:	
Place of Birth:	
Race Group:	
School Grade: (Copy of latest school report attached)	

Language Proficiency							
Afrikaans		English		Xhosa		Other	
Understand		Understand		Understand		Understand	
Read		Read		Read		Read	
Write		Write		Write		Write	

FAMILY DETAILS	
Biological Father (Copy of ID/Death Certificate attached)	
Name and Surname:	
Address:	
Date of Birth:	
Occupation:	
Marital Status:	
Current Relationship with Child Concerned:	
Biological Mother (Copy of ID/Death Certificate attached)	
Name and Surname:	
Address:	
Date of Birth:	
Occupation:	
Marital Status:	
Current Relationship with Child Concerned:	
Grandparents/Significant Others (Copy of ID attached)	
Name and Surname:	
Address:	
Date of Birth:	
Occupation:	
Marital Status:	
Current Relationship with Child Concerned:	

PHYSICAL ASPECTS OF CHILD CONCERNED (Copy of Medical Form 7 and Road to Health Booklet attached)

Signs of Malnutrition:	Yes		No	
Past Illnesses	Yes		No	
Exposure to TB	Yes		No	
If YES to any of the above, please explain:				
Immunisations (Ensure Clinic Card is updated, copy attached):	Yes		No	
If NO, please explain:				
Allergies:				
Any other relevant medical information:				

EDUCATIONAL ASPECTS OF CHILD CONCERNED (Copy of Latest School Report attached)

Current Grade:	
School/Last Attended School:	
Grades Failed:	
Challenges/Barriers To Learning:	
Present Progress:	

Truancy:
Reaction to Discipline:
Other Relevant Information:

TESTS, ASSESSMENTS AND THERAPEUTIC PROGRAMMES (Include copies of relevant test results/reports)				
Scholastic Assessment	Yes		No	
IQ Testing	Yes		No	
Hearing Test	Yes		No	
Eye Test	Yes		No	
Occupational Therapy	Yes		No	
Play Therapy	Yes		No	
Counselling Sessions	Yes		No	
If YES to any of the above, please provide reasons:				

GENERAL INFORMATION	
Length of time child spent living on the street:	
Age when child started living on street:	
Circumstances while living on street:	

General Description of Child's Personality:

Positive Aspects/Strengths of Child:

Defence Mechanisms Used by Child:

Challenging Behaviours Exhibited by Child:

Physical/Sexual Abuse/Involved or Exposed to Acts of Sodomy:

Criminal Offences:

INFORMATION PERTAINING TO POSSIBLE ADMISSION

Attitude of Child towards Possible Admission:

Attitude of Parents towards Possible Admission:

Prognosis for Family Reunification:

Possible Holiday Placement for Child Concerned

Name and Surname:

Address:

ID Number:

Relation to Child:

Reason for Application to ACVV Khayaletu Child and Youth Care Centre:

Include with application, a letter handwritten by the child confirming his knowledge of the possible admission as well as his willingness to be accommodated at the Centre.

Copies of the following documents must accompany the application:

1. **Unabridged** birth certificate
2. Parents'/caregivers' ID/death certificates
3. Latest school report
4. Medical form 7
5. SWS 02 form
6. Road to Health Booklet/clinic card
7. Background report
8. Latest care plan and IDP
9. Letter, handwritten by child
10. Form 38
11. Proof that child has no criminal record/cases pending

PLEASE NOTE:

NO APPLICATION WILL BE SCREENED IF THE APPLICATION FORM IS INCOMPLETE AND/OR SUBMITTED WITHOUT ALL SUPPORTING DOCUMENTATION.

VERY IMPORTANT!

INTAKE WILL ONLY BE FOR A PERIOD OF 2 YEARS AND DOES NOT GUARANTEE THAT THE ORDER WILL BE EXTENDED. THE ORDER WILL ONLY BE EXTENDED IF THE APPLICANT IS BENEFITTING FROM THE PROGRAMMES AS PRESENTED.

IMPORTANT NOTICE

Case Managers will be informed of a screening interview when accommodation is available. During the screening interview, Case Managers will sign an agreement if the application was successful. The signing of the agreement is compulsory for admission.