



Name of organisation: Forest Farm Centre  
Organisation address: 2684 William Nicol Drive  
Bryanston  
2191  
Telephone: 011 789 3008  
E-mail: [drienie@forest-farm.org](mailto:drienie@forest-farm.org)  
Website: [www.forest-farm.org](http://www.forest-farm.org)

P O Box 68519  
Bryanston  
2021

Registered with Department of Social Development as a Non-Profit Organisation – NPO 017-813  
Registered as an Income Tax Exemption – PBO No. 1811132125 in terms of section 18a of the Tax Act, Public Benefit Organisation (PBO).  
B-BBEE SED Recognition – 85%  
VAT no: 472 0116 146

### APPLICATION QUESTIONNAIRE

#### Particulars of Prospective Admission

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Residential: \_\_\_\_\_ Day Care: \_\_\_\_\_

In receipt of a Disability Grant: Yes \_\_\_\_\_ No \_\_\_\_\_

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Language: \_\_\_\_\_

Religion: \_\_\_\_\_

Diagnosed Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Particulars of Parents / Guardian**

Full Name: \_\_\_\_\_

ID No: Occupation: \_\_\_\_\_

Employer/Business: \_\_\_\_\_

\_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No: (H) \_\_\_\_\_

Tel No: (B) \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_



**Particulars of Person Responsible for the Account**

Full Name: \_\_\_\_\_

ID No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/Business: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Tel No: (H) \_\_\_\_\_

Tel No: (B) \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Other Next of Kin (name, address and telephone number)**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Summary of medical information: (Please supply full & detailed information)**

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**Any special condition(s) requiring care? (Epilepsy, Allergies etc.)**

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**Please attach medical report (not older than 6 months) from family medical doctor confirming above and other relative issues.**

**Forest Farm Medical Certificate to be completed by Medical doctor.**

**Medication – Prescribed**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Medication – Non – Prescribed**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Medical Aid and number:**

\_\_\_\_\_

**Medical accounts to be sent to:**

Full Name: \_\_\_\_\_

ID No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: (H) \_\_\_\_\_

Tel No: (B) \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_



**Any special characteristics, interests, and hobbies**

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**Any Particular/Specific Behavioural Traits**

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**General**

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**Previous/Current Institution**

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**Why do you want your son/daughter/ward to join Forest Farm**

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