



# UNLOCKING GREATNESS

www.autismconnect.org.za

## APPLICATION / ADMISSION FORM

Address:		Tell:	
Email address:		Cell:	
Learner name:			
Learner surname:			
Learner ID number:			
Gender (tick box)	Female	<input type="checkbox"/>	Male
Home Language			
Residential Address			
	Postal code:		
Postal			
	Postal code:		
Date of Birth	Day:	Month:	Year:
Mother's name:			
Mothers' occupation			
Mother's ID number			
Mothers Employer			
Mothers Contact details	Work	Home	Cell:
Email address:			
Status (tick box)	Single	Married	Divorced
Father's name:			
Father's occupation			
Father's ID number			
Father's Employer			
Father's Contact details	Work	Home	Cell:

**Autism Connect subscribes to the INDEPENDENT CODE OF GOVERNANCE Code for non-profit Organisations in South Africa**



**Members: N. Ripepi (Director) D. Michaels (Chairperson), Rosetta Cupido (Vice Chair), Zaida Frank (Communications liaison), Jose Philander (Treasurer), Candice Eaton (Secretary)**



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Email address:												
Status (tick box)	Single			Married			Divorced					
Guardian's name:												
Guardian's occupation												
Guardian's ID number												
Guardian's Employer												
Guardian's Contact details	Work				Home				Cell:			
Email address:												
Status (tick box)	Single			Married			Divorced					
Next of Kin (not spouse)	Name and Surname:						Contact number:					
Other siblings in the household	<b>Name and Surname:</b>						<b>Date of Birth</b>			<b>Gender</b>		
Health Conditions (tick relevant box)	Epilepsy: <input type="checkbox"/>						High/Low blood pressure: <input type="checkbox"/>					
	Diabetes: <input type="checkbox"/>						Heart: <input type="checkbox"/>					
	Rheumatic Fever: <input type="checkbox"/>						Asthma: <input type="checkbox"/>					
	Seizures: <input type="checkbox"/>											
	<b>How often?</b>											
<b>Other:</b>												
Description of disability												

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Medication (List quantity to be taken and frequency through the day)	<b>Name:</b>	<b>Dosage:</b>	<b>Times/day:</b>	
Is he/she toilet trained?	<b>Yes</b>		<b>No</b>	
Is he/she mobile?	<b>Yes</b>		<b>No</b>	
Details of eating habits and dietary requirements				
Family medical history				
Leaner medical history (any illness, operations, or surgery)				
Details of allergies				

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Family doctor: Telephone number:			
Psychiatrist doctor: Telephone number:			
Hospital doctor: Telephone number:			
Other useful information			
Consent information	<p>From time to time, the centre will require photographs of the learners for publication in the press, annual report or any other article published by the centre. All staff members, including interns, working with the learners need to view information in their folders to assist with their development.</p> <p style="text-align: center;"><b>All information is treated as confidential</b></p>		
Consent by parent or guardian (please tick relevant box)	Photographs and/or videos may be taken of my child	Yes	No
	My child may be transported by the centre	Yes	No
	All Staff may view the contents of my child's folder	Yes	No
	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 or at the centre]	Yes	No
	Any other consents???		
Indemnity information	<p>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. [The Centre only insures its own property. The onus is therefore on the parent/guardian to insure your child.]</p>		
Signed by (Parent/Guardian)  Name and Surname	Date:		
Admission Date	(dd/mm/yyyy)		

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Signed by (Centre Manager)  Name and Surname	Date:
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## CONFIDENTIAL

### MONTHLY INCOME

Father's salary (Gross): R.....

Mother's salary (Gross): R.....

Other Salary (Gross): R.....

Any other sources of income  
(Please specify) Pension, Grant, etc. ....

Gross Family Income: R.....

Identity numbers of dependents .....

(Children, parents living in the family home) .....

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.....

**\*PLEASE ATTACH PAYSIP OR OTHER PROOF OF INCOME\***

Signature: .....

Date: .....

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PLEASE CONFIRM		
Bank account details of parent paying fees		
Name of Bank		
Branch Name		
Branch code		
Bank Account no:		
Type of Account		

**\*\*PLEASE PROVIDE A COPY OF BANK DETAILS\*\***

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