



#### 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 CHILD CARE WORKER

### 1 CONTACT PARTICULARS

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

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

Identity number: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### 2 SCHOOLING AND FURTHER QUALIFICATIONS

Qualification	Institution	Year Achieved	Subjects

### 3 PROFESSIONAL REGISTRATIONS AND ACHIEVEMENTS (e.g. leadership, sport or cultural achievement)

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## 4 WORK EXPERIENCE AND RECORD

Please begin with your current or previous position and end with your first job.



**5 NATURE OF EXTRAMURAL ACTIVITIES, INTERESTS AND HOBBIES**

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**6 PARTICULARS OF REFERENCES (not family or friends)**

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

**7 PERSONAL INFORMATION THAT HAS A DIRECT BEARING ON THE PRACTICAL AND MORAL NATURE OF THE POST APPLIED FOR**

Do you have a valid driver's license? \_\_\_\_\_

*If so, which code(s)?* \_\_\_\_\_

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

Age: \_\_\_\_\_

Marital status: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Previous marriages: \_\_\_\_\_

*If so, when divorced?* \_\_\_\_\_

Number of children and ages: \_\_\_\_\_

Home language: \_\_\_\_\_

*Other languages:* \_\_\_\_\_

What is your church denomination: \_\_\_\_\_

*To which congregation do you belong?* \_\_\_\_\_

*Who is your minister?* \_\_\_\_\_

*What is his/her contact number?* \_\_\_\_\_

*Describe the nature of your involvement in this congregation:* \_\_\_\_\_

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

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

Yes / No

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

Yes/ No

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

Yes/ No

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

Yes/ No \_\_\_\_\_

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

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 the Abraham Kriel Bambanani to enquire into the truthfulness of the above information. I consent to psychometric tests and the disclosure of the results to the management of AKB.

\_\_\_\_\_  
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.