SAVF MôREGLANS OUETEHUIS / OLD AGE HOME

KONTROLEVORM VIR AANSOEK / CONTROL FORM FOR APPLICATION

Hierby aangeheg is 'n aansoekvorm vir akkommodasie te SAVF Môreglans Ouetehuis.
Gebruik asseblief die kontrolevorm om seker te maak dat u aansoek volledig is. Paneelbespreking kan nie gedoen word sonder die volledige aansoekvorm en addisionele dokumente nie.
Herewith attached is the application form for accommodation at SAVF Môreglans Old Age Home.
Please use the control form to ensure that your application is completed in full. A panel discussion can't be done without the fully completed application form and additional documents.

	Dokument/Document	Bladsy/ Page	Merk af/ Mark off
1)	Getekende Aansoek/ Application for Admission	2-5	
2)	Mediese verslag - Gestempel deur Dokter / Medical Report – Stamped by Doctor	6-8	
	* Afskrif van Mediese Kaart/Kliniek/Hospitaal kaart/ SASSA kaart (waar v toepassing) Copy of Medical Card/Clinic/Hospital Card /SASSA kaart (where applicable)		
	* Laaste Mediese Voorskrif / Latest Medical Script		
3)	Verklaring van Inkomste / Declaration of Income	9	
	* Bewys van Pensioen / Belegging(s) / Annuiteit(e) ens. (waar v toepassing) Proof of Pension / Investment(s) / Annuity(s) etc. (where applicable)		
	* 3 maande Bankstate van voormalige Inwoner (bankstempel) / 3 months Bankstatement of prospective Resident (bank stamped)		
	* 3 maande Bankstate van verantwoordelike persoon (bank stempel) / 3 months Bankstatement of responsible person (bank stamped)		
	* Gesertifiseerde Afskrif van ID/Certified Copy of ID		
4)	Toestemming vir Kredietnavrae / Consent for Credit enquiry	10	
5)	Guideline 21, Toestemmingsvorm vir opname in 'n Ouetehuis / Consent form for admission to an Old Age Home (DSD)	11	
6)	Vrywaringsvorm / Indemnity Form (DSD)	12	
6)	POPIA Toestemming / Permission / x2	13-14	
7)	Rookbeleid / Smoking Policy CCTV Ooreenkoms / Agreement	15-16	
8)	Testament /Will	17	
	* Afskrif van Begrafnispolis / Copy Funeral Policy		
	* Afskrif van Testament / Copy of Will		
10)	Lys van artikels voorsien vanaf Inwoner/Requirement list resident	18-19	

Hiermee bevestig ek_____dat alle dokumentasie soos hierbo versoek volledig en korrek is. Ek verstaan dat indien die dokumentasie nie alles aangeheg is en die vorm nie volledig ingevul is nie, ek nie oorweeg sal word vir die keuringsproses nie.
I _____ hereby confirm that all documentation as requested above is complete and correct. I understand that if the documentation is not all attached and the form is not completely filled out, I will not be considered for the selection process.

Handtekening / Signature: _____ Datum / Date:_____

AANSOEK VIR OPNAME / APPLICATION FOR ADMISSION

SAVF MôREGLANS OUETEHUIS

IDENTIFISERENDE BESONDERHEDE / IDENTIFYING PARTICULARS

1. Van: Surname:																			
2. Nooiens Van: Maiden name:																			
3. Voorname: First names:																			
3.1 Noemnaam: Nick name:																			
4. ID Nommer: ID Number:														Ouderdom Age:					
5. Geboortedatum & Geslag Date of Birth & Gender										Manlik /Male				Vroulik/Female					
6. Huidige woonadres: Present residential address:																			
7. By wie woon u tans: Where do you stay at present:																			
8. Huidige posadres: Present postal address:																			
9. Huidige Tel. nr. Present Tel. no.	Huis / Home									Werk / Work						Sel / Cell:			
10. Huwelikstatus: Marital status:	Nooit getroud Never married		Getroud Married			Geskei Divorced		Vervreem Separated		Wewenaar Weduwee Widowed		Tradisionele Traditional							
11. Indien enkellopend sedert wanneer? / If single since when:																			
12. Indien getroud volle naam & ID van eggenoot. If married full names & ID of spouse:																			
13. Huistaal: Language:																			
14. Kerkverband: Church denomination:																			
15. Leraar en Tel. nr: Reverend and Tel. no:																			
16. Hoogste kwalifikasie: Highest qualification:																			
17. Wat was u beroep: What was your occupation:																			
18. Beroep van u eggenoot: Occupation of spouse:																			
19. Stokperdjies: Hobbies:																			
20. Hospitaal pasiënt: Hospital patient:	Ja Yes		Nee No			Hospitaal: Hospital:													

21. Privaat medies: Besonderhede: Private medical aid: Particulars:			
22. Tipe pensioen / Inkomste: Type of pension / Income	SASSA	Privaat / Private: Naam van fonds & verw: Name of fund & ref:	
23. Wie ontvang die pensioen? Who receives the pension?			
24. Is daar 'n testament, waar word dit bewaar en wie is die Eksekuteur? Is there a will, where is it kept and who is the Executor?			
25. Begrafnis polis en nr: Funeral policy and no:			
26. Begrafnisondernemer & tel. no Funeral undertaker & tel nr.			
27. Wie bewaar die begrafnispolis: Who is keeping the policy:			
28. Wat is u voorkeur? What is your preference?	Begrafnis/Funeral	Verassing / Cremation	
29. Indien geen polis, verskaf besonderhede van persoon verantwoordelik vir reëlings en koste: If no policy, please state who will be responsible for funeral arrangements and costs	Naam Name:		
	Verwantskap: Relationship:		
	Adres / Address:		
	Kontakbesonderhede: Contact detail	(H) Tel nr	
		(W) Tel nr.	
		Sel / Cell	
		Epos / Email	
30. Wat is die primêre rede waarom u opname verlang? What is the primary reason why you want to be admitted?			
31. Aantal kinders / Number of children	Seuns Sons	Dogters Daughters	
32. Is u kinders bereid om u fisies/ emosioneel/finansieël by te staan? Are your children willing to support you physically/emotionally/ financially?			

HIERMEE VERKLAAR EK DAT DIE INLIGTING IN HIERDIE AANSOEKVORM TOT DIE BESTE VAN MY GEWETE WAAR EN KORREK IS.
I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE AND CORRECT.

_____	_____	_____
Handtekening van Applikant Signature of Applicant	Verwantskap tot Applikant Relationship to Applicant	Datum / Date

KONTAKBESONDERHEDE VAN FAMILIE / FAMILY CONTACT DETAILS

GEMAGTIGDE PERSOON MET WIE DAAR GEKOMMUNIKEER SAL WORD EN DIE LOSIESKONTRAK GAAN ONDERTEKEN
AUTHORISED PERSON WHOM WILL BE COMMUNICATED WITH AND WHO WILL SIGN THE BOARDING CONTRACT

Naam/Name: _____
Huis / Home: _____

Posbus/PO Box: _____

Tel No/Nr: (H): _____ Tel No/Nr: (W): _____

Sel / Cell: ____ _____

Epos / Email: _____

Verwantskap / Relationship: _____

TWEEDE VERANTWOORDELIKE PERSOON / SECOND RESPONSIBLE PERSON

Naam/Name: _____

Huis / Home: _____

Posbus/ PO Box: _____

Tel No/Nr: (H): _____ Tel No/Nr: (W): _____

Sel / Cell: ____ _____

Epos / Email: _____

Verwantskap / Relationship _____

ANDER / OTHER
Naam/Name: _____

Huis / Home: _____

Posbus/ PO Box: _____

Tel No/Nr: (H): _____ Tel No/Nr: (W): _____

Sel / Cell: ____ _____

Epos / Email: _____

Verwantskap / Relationship: _____

ANDER / OTHER
Naam/Name: _____

Huis / Home: _____

Posbus/ PO Box: _____

Tel No/Nr: (H): _____ Tel No/Nr: : (W): _____

Sel / Cell: ____ _____

Epos / Email: _____

Verwantskap / Relationship: _____

Die SAVF Môreglans Ouetehuis vir Verswakte Bejaardes & Gestremdes dien as 'n hulp arm vir die familie om in die behoeftes van die bejaarde in nood te voorsien.

Die familie se verantwoordelikheid teenoor hul bejaarde familielid word nie ontneem of vervang nie.

Die familie bly nog steeds verantwoordelik vir die totale versorging van hul bejaarde familielede.

Die familie is steeds verantwoordelik vir die volgende:

The SAVF Môreglans Old Age Home for the Frail & Disabled serves as a support arm to the family to provide in the needs of the elderly.

The Family's responsibility towards their elderly family is not replaced or taken away.

The family is still responsible in totality for the care of their elderly family member.

The family then stays responsible for the following:

	KONTAK PERSOON/ CONTACT PERSON	SEL CELL	Epos/ Email
IN NOODGEVAL / IN CASE OF EMERGENCY			
FINANSIES / FINANCES			
KLERE REGMAAK / REPAIR OF CLOTHES			
MEDISYNE / MEDICATION			
VERVOER / TRANSPORT			
BEGRAFNIS REëLINGS / FUNERAL ARRANGEMENTS			

Toestemming word gegee om die inwoner in te perk indien nodig, vir sy / haar eie veiligheid en / of die veiligheid van ander inwoners.

Permission are given for restraining the resident for his / her personal safety, as well as the safety of the other residents.

Agreement concluded between **SAVF Môreglans Old Age Home** and

..... (Authorized relative). Date: ……

Toestemming word gegee vir die vervoer van die inwoner, en dat die SAVF of personeel van SAVF Môreglans Ouetehuis nie verantwoordelik gehou sal word in geval beserings as gevolg van 'n ongeluk nie.

Permission are given to transport the resident, and that the SAVF or personnel of SAVF Môreglans Old Age Home will not be held responsible for injuries obtained in the event of an accident.

Agreement concluded between **SAVF Môreglans Old Age Home** and

..... (Authorized relative). Date: ……

MEDIESE VERSLAG / MEDICAL REPORT
TO BE COMPLETED BY MEDICAL PRACTITIONER

VIR / FOR: SAVF MôREGLANS OUETEHUIS / OLD AGE HOME – TEL: 011 665-1388 / 063 759 5084

Name of applicant: Age:
Naam van applikant: _____ Ouderdom: _____

How long have you known the applicant? / Hoe lank ken u die applikant? _____

1. State previous illnesses & operations / Meld vorige siektes en operasies ondergaan:

Past illnesses / operations Vorige siektes / operasies	Doctor / Hospital Dokter / Hospitaal	Date Datum

2. State allergies / Meld allergieë _____

3. Was the applicant ever treated for anxiety / depression / alcohol or substance abuse / psychiatric disorders? If yes, where, when and for how long? **/** Was die applikant voorheen behandel vir angs / depressie / drank of dwelm misbruik / psigiatriese toestande? Indien ja, waar / wanneer / hoe lank?

_____

_____

Habits: Alcohol: _____ Tobacco: _____

Other: _____

4. What is the general state of health of the applicant? /
Wat is die algemene gesondheidstoestand van applikant?

Goed Good	Redelik Fair	Verswak Frail	Baie verswak Very frail

die

5. Applicant's weight / Applikant se gewig

Gain Vermeerder	Loss Verlies	Current weight / Huidige gewig _____KG

6. What is die condition of the applicant's heart? /
Wat is die toestand van die applikant se hart?

_____

Vitals: Pulse / Pols: _____ BP: _____ HGT: _____ Sats: _____

7. What is the condition of the applicant's lungs? / Wat is die toestand van die applikant se longe?

_____

8. What is the condition of the applicant's kidneys? / Wat is die toestand van die applikant se niere?

_____

9. What is the condition of the applicant's joints (spine, knee, hips, shoulder, elbow), can the applicant move freely - mobility? / Wat is die toestand van die applikant se gewrigte, kan die applikant onafhanklik beweeg?
   Bedridden **YES / NO** Wheelchair **YES / NO** Walking Aid **YES / NO**
   Other/Comment: _____

10. Can the applicant control bladder and bowel movement? / Het die applikant beheer oor uitskeidingsorgane?
    Incontinent **YES / NO** Nappies **YES / NO** Colostomy **YES / NO** Catheter **YES / NO**
    Other/Comment: _____

11. Is the applicant in any way disabled? / Is die applikant in enige opsig gestremd?

    _____

    _____

12. Is the applicant diabetic? If so, describe type, treatment/medication and diet related to diagnosis / Is die applikant 'n diabeet? Indien wel, beskryf behandeling/medikasie en dieët verwant aan diagnose:

    _____

    _____

13. What is the condition/status of the applicant's skin? (Pressure sores / ulcers / other) Recommended treatment /
    Wat is die toestand van die applikant se vel (Druksere / ulkusse / ander)?

    _____

    _____

14. What is the condition of the applicant's memory? Any signs of dementia? / Wat is die toestand van die applikant se geheue? Enige tekens van Demensia?

    _____

    _____

15. Any nutritional/dietary recommendations (please indicate normal / soft / purity or other special feeding requirements) / Enige dieet aanbevelings (dui asb normaal / sag / puree dieet of spesiale voeding vereistes aan)

    _____

    _____

16. Do you suspect any other abnormalities and/or is there any other information you would like to mention about the applicant? / Vermoed u enige ander abnormaliteite en/of is daar enige verdere inligting wat u oor die applikant wil meld?

    _____

    _____

17. Any past/present specialized medical treatment / Enige vorige/huidige gespesialiseerde mediese behandeling?

    _____

    _____

18. Diagnosis / Diagnose: _____

_____

_____

19. Present chronic prescription medication – Please attach latest script / Huidige chroniese voorgeskrewe medikasie – Heg asb huidige voorskrif aan:

_____

_____

_____

20. In your opinion, is the applicant in need of care in a home for frail older persons? (Aged 60+) / In u opinie, is die applicant aangewese op versorging in 'n tehuis vir bejaardes (Ouderdom 60+)

YES / JA	NO / NEE

Any further motivation / Enige verdere kommentare:

_____

_____

SIGNATURE OF MEDICAL PRACTITIONER / HANDTEKENING VAN MEDIESE PRAKTISYN:

_____

Date / Datum: _____**20**_____

NAME, ADDRESS, PRACTICE / INSTITUTION DETAILS AND TELEPHONE NUMBER OF MEDICAL PRACTITIONER **/**
NAAM, ADRES, PRAKTYK / INSTANSIE BESONDERHEDE EN TELEFOONNOMMER VAN MEDIESE PRAKTISYN

DR _____

ADDRESS: _____

PRACTICE / INSTITUTION DETAIL: _____

TEL NR: _____

OFFICIAL STAMP / AMPTELIKE STEMPEL

VERKLARING VAN INKOMSTE / DECLARATION OF INCOME

NAME / NAAM: _____ID Nr / No: _____

1**. MAANDELIKSE PENSIOEN / MONTHLY PENSIOEN**

Tipe pensioen / Type of pension	Verw No / Ref No	Self	Eggenoot Spouse
1.1.		R	R
1.2		R	R
1.3		R	R

2. BELEGGINGS / INVESTMENTS:

INSTANSIE INSTITUTION	Bedrag belê Amount invested	Maandelikse rente Monthly interest	Rentekoers Interest rate		
2.1	R		%	R	R
2.2	R		%	R	R
2.3	R		%	R	R

3. ANDER BRONNE

(Spesifiseer – bates, asook bates verkoop) / OTHER SOURCES OF INCOME (Specify - assets & assets disposed)

3.1	R	R
3.2	R	R
4. GEEN INKOMSTE (dui aan met X) NO INCOME (indicate with an X)		
TOTAAL / TOTAL	R	R

VERKLARING: Die applikant verklaar dat bogemelde inligting waar en korrek is en bindend op sy / haar gewete
DECLARATION: The applicant declares that the above information is true and correct and binding on his / her conscience

HANDTEKENING / VINGERAFDRUK VAN APPLIKANT:
SIGNATURE / FINGER PRINT OF THE APPLICANT: _____

HANDTEKENING VAN KOMMISSARIS VAN EDE:
SIGNATURE OF COMMISSIONER OF OATH: _____

DATE:_____

STAMP

ASSESSMENT BY DEPARTMENTAL SCREENING OFFICER:
KEURING DEUR DEPARTEMENTELE KEURINGSBEAMPTE:

Inkomste / Income: _____

Inkomstegroep
Income group: _____

Naam en Rang:
Name and Rank: _____

Datum / Date: _____

AGREEMENT FOR CREDIT CHECK /
OOREENKOMS VIR KREDIET ONDERSOEK

Details of person signing surity on contract / Besonderhede van persoon wat borg teken op kontrak

AGREEMENT / OOREENKOMS
I, the undersigned / Ek, die ondergetekende

.....

ID no / nr: .....

Physical address / Fisiese adres

.....

Cell/Sel: .....; E-mail / E-pos: .....

Hereby agree that SAVF may do a credit check regarding my details at any Credit institution / Stem hiermee in dat die SAVF kredietnavrae mag doen met betrekking tot myself, met enige Kredietburo.

Signed at / Geteken te ..... on this / op hierdie ..... day of / dag van

..... 20.....

.....
Signature / Handtekening

social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

GUIDELINE 21

CONSENT FORM FOR ADMISSION IN A RESIDENTIAL CARE FACILITY SECTION 21(3)(a) OF THE OLDER PERSONS ACT, 2006

(ACT NO. 13 OF 2006)

I_____(full names and surname)

ID no _____staying at residential address:

_____

_____

Telephone number _____

Hereby give consent in terms of Section 21(3)(a) of the Act to be admitted at

SAVF Môreglans Old Age Home (Name of residential Care Facility),

Physical address of residential facility
Market Street 77
Krugersdorp
1739
Telephone number : 011 665 1388 / 063 759 5084

Signature of applicant _____

Date _____

INDEMNITY AGREEMENT

I, the undersigned: _____
(INSERT FULL NAME)

_____
Identity Number:
(the "permittee")
and
SAVF MôREGLANS OUETEHUIS
REG. NR. NPO. 010-635

do hereby irrevocably indemnify and hold harmless:
SAVFMôREGLANS OUETEHUIS
REG. NR. NPO. 010-635

ASSUMPTION OF RISKS

I am aware that due to my age/health/physical constraints residing within an frail care residency may involve certain risks, dangers and hazards including, but not limited to falling (anticipated, unanticipated, and accidental), theft (all types), vehicle accidents when transporting residents for example to hospitals, doctors, etc., electric shock, burns/scald, foreign body ingestion, hit by/onto fallen objects, sharps injury, changing weather conditions, exposed rock, earth, water, or other natural objects; trees, tree wells, tree stumps etc.

I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THERE FROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

1. I freely and voluntarily agree to indemnify and hold the Organisation, and all of the officials, officers, agents and employees harmless from any liability whatsoever from any and all claims, demands, actions or causes of action for personal injury, including death, or property damage arising from or in any way connected to the special event.
2. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the South Africa and no other jurisdiction; and
3. Any litigation involving the parties to this Agreement shall be brought solely within the laws of the South Africa and shall be within the exclusive jurisdiction of Johannesburg Regional or High Court.
4. In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Organization or its agents with respect to the safety of the Residency other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Concluded at ..... this ..... day of .....20.....

_____ (SIGNATURE)

_____ (SIGNATURE)

Market Street 77
KRUGERSDORP

☎ 011 665 1388 / 063 759 5084

moreglans.manager@savf.co.za
www.moreglans.co.za
www.savf.co.za

010-635 NPO

POPIA: TOESTEMMING VIR DIE GEBRUIK VAN FOTO'S /VIDEO'S OP SOSIALE MEDIA

POPIA: PERMISSION TO USE PHOTO'S / VIDEO'S ON SOCIAL MEDIA

Toestemming verleen in terme van die wet of Beskerming vanPersoonlike Inligting: Wet 4 van 2013 (Protection of Personal Information Act [POPIA])

Consent granted in terms of the Protection of Personal InforamtionAct: Act 4 of 2013 (Protection of Personal Information Act [POPIA])

Hiermee gee ek ....., ID ..... toestemming dat my persoonlike foto's/video's aangewend mag word op SAVF Môreglans Ouetehuis se Webtuiste, Facebook en Nuusbriewe.

I, ..., ID ..... herby give consent that my photographs and videos may be used on SAVF Môreglans Old Age Home Website,Facebook and Newsletters

Ek gee toestemming vir die gebruik van:. *I give permission to use :*

My volle name / *My complete name* J/N

My Eerste naam / *My first name* J/N

Geen naam / *No name* J/N

SAVF Môreglans Ouetehuis onderneem om foto's / video's met diskresie te gebruik en met goeie smaak. Ek verstaan dat ek enige tyd die toestemming skriftelik kan herroep en die gebruik daarvan onmiddellik sal stop.

SAVF Môreglans Old Age Home undertakes to use photos/videos discreetly and in goodtaste. I understand that I can revoke this consent at any time in writing and that the use of any of my photos/videos authorised will immediately cease.

....

NAAM / NAME DATUM / DATE

Market Street 77
KRUGERSDORP

☎ 011 665 1388 / 063 759 5084

moreglans.manager@savf.co.za
www.moreglans.co.za
www.savf.co.za

010-635 NPO

POPIA: TOESTEMMING TOT HOU VAN PERSOONLIKE INLIGTING

POPIA: PERMISSION TO KEEP PERSONAL INFORMATION

Toestemming verleen in terme van die Wet op Beskerming van Persoonlike Inligting: Wet 4 van 2013 (Protection of Personal Information Act [POPIA]).
Consent granted in terms of the Protection of Personal Information Act: Act 4 of 2013 (Protection of Personal Information Act [POPIA]).

TOESTEMMING / *CONSENT*

Hiermee gee ek, ..., ID: ..... toestemming dat my persoonlike inligting aangewend gaan word vir die interne funksionering en dienslewering van die organisasie en dat geen data aan ongemagtigde persone beskikbaar gestel sal word nie.

I, ..., ID: ..... hereby give consent that my personal information will be used for the internal functioning and service rendering of the organisation and that no data will be made available to unauthorised persons.

_____ _____

DATASUBJEK / *DATA SUBJECT* **nms. INLIGTINGSBEAMPTE / on behalf of *INFORMATION OFFICER***

DATUM / DATE: _____

SAVF Môreglans Old Age Home

SMOKING POLICY

1. LEGISLATION

In terms of the Law on the Control of Tobacco Products (Act 83 of 1993) the Minister of Health published a notification in the Government Gazette regarding the smoking of tobacco products in public areas (Government Gazette no. R975 of September 2000.)

2. SMOKE-FREE AND SMOKING AREAS

The smoking of tobacco products is prohibited in **all** buildings and interior spaces of the SAVF Môreglans Old Age Home, with the exception of the following areas:

- Areas clearly designated as smoking areas.
- Should the above-mentioned areas not exist, smoking shall only be allowed outside SAVF Môreglans Old Age Home buildings or on verandas where applicable.

3. SAVF MôREGLANS OLD AGE HOME SMOKING POLICY

(Service Delivery Agreement between Management of SAVF Môreglans Old Age Home and Resident – H. GENERAL, point 5)
"SMOKING AND ALCOHOL

- According to Legislation, residents and visitors may not smoke inside the Home – you may smoke outside.
- Cigarettes may not be provided to residents themselves due to the risk of fire – Nursing staff will keep it locked away and will dispense it under supervision.
- In cases where smoking / alcohol is abused, the next of kin will be notified to accept responsibility of the resident".

THIS DOCUMENT MUST PREFERABLY BE SIGNED BY THE RESIDENT AS WELL AS AN EMPOWERED RELATIVE. IF THE RESIDENT IS UNABLE TO SIGN THE DOCUMENT, AN EMPOWERED RELATIVE SHOULD ALSO SIGN ON BEHALF OF THE RESIDENT

I/we have read the contents of this document carefully, understand and accept the content thereof.

……	**……**
RESIDENT	**DATE**
……	**……**
NEXT OF KIN	**DATE**
……	**……**
MANAGER	**DATE**

CCTV Ooreenkoms / Agreement

tussen / between

SAVF Môreglans Ouetehuis / SAVF Môreglans Old Age Home

en/and _____

CCTV (Closed Circuit Television) word geïmplementeer om inwoners teen misbruik, verwaarlosing, slegte behandeling en uitbuiting te beskerm. Dit fasiliteer verder effektiewe monitering van die aktiwiteite en bewegings van Inwoners.
CCTV (Closed Circuit Television) is implemented to protect Residents against abuse, neglect, bad treatment and exploitation. It further facilitates effective monitoring of the activities and movements of Residents.

1. *Monitering deur middel van die CCTV sal slegs deur die Hoof Professionele Verpleegkundige en die Bestuurder van die fasiliteit gedoen word.
   *Monitoring by means of the CCTV will only be done by the Chief Professional Nurse and the Manager of the facility.

2. *Beeldmateriaal rakende 'n Inwoner mag slegs met die toestemming van die Inwoner en/of die Gemagtigde Persoon gebruik word.
   *Footage concerning a Resident may only be used with the permission of the Resident and/or the Authorised Person.

3. *Beeldmateriaal van die kringtelevisie mag nie gedupliseer word nie, behalwe op Subpoena met die toepaslike Saaknommer.
   *Footage of the CCTV may not be duplicated, save on Subpoena with the relevant Case number.

4. *Geen privaat kamera-opnames deur die Inwoner of die Gemagtigde Persoon word toegelaat nie.
   *No private camera recordings by the Resident or the Authorised Person is permitted

5. *Die privaatheid van Inwoners sal beskerm word.
   *The privacy of Residents will be protected.

Geteken te/Signed at……. Datum/Date…….

Getuie / Witness : SAVF…….....……....

Geteken te/Signed at……. Datum/Date…….

Getuie / Witness : Inwoner/Resident-Authorised person …….

WILL (Will of one person)

I, the undersigned,_____

(Identity number_____)

Of _____

_____

Hereby declare this to be my last Will.

1. I revoke all previous Wills and Testaments made by me.

2. I nominate _____

   To be the executor of my estate with the right of assumption.

3. I direct that the nominated executor be exempted from having to find security for the due fulfilment of his/herduties as such.

4. I bequeath my entire estate to:_____

   ---

5. I request that after my death any part of my body be donated to:

   To be used for the treatment of others or for medical research.

   Should the named recipient be unable or unwilling to accept, the donation shall be offered to a
   hospital or other authorised institution willing to accept.

Signed by me at_____on the _____day of_____

20_____ In the presence of the undersigned witnesses,

all of us being present at the same time.

AS WITNESSES:_____

TESTATOR:_____

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KRUGERSDORP

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010-635 NPO

REQUIREMENTS:
LIST OF ARTICLES / OTHER NECESSITIES WHICH MUST BE PROVIDED BY RESIDENTS THEMSELVES UPON ADMISSION AND DURING ACCOMMODATION.

The following rules apply to all items, clothing, equipment, etc.

- **All clothing, linen, blankets, pillows, toiletries must be marked.** Wheelchairs, walking frames and padlocks must also be clearly marked.
- New clothing and items supplied after admission **should also be marked.** Unmarked clothing or items found in the Home will be considered lost property.

1. FURNITURE:
The Home provides the following:

- Bed with mattress. If approved, the resident can bring his/her own single bed with a waterproof cover.
- Built-in wardrobe, a shower chair, an emergency bell.

2. BEDDING:
Sheets can be provided by the Home, but a resident is welcome to bring his/her own marked linen.
The resident provides his/her own:

- Duvet with cover or a blanket. (Mark both duvet cover and duvet.)
- One or two marked pillows as needed, with pillow cases. Replace when necessary.
- Blankets: One for summer, two for winter. Mark blankets with sewn-on white linen strips, on which the owner's name appears.

3. CURTAINS:
The Home provides curtains in all rooms. Residents can discuss this with management if they want to bring their own curtains.

4. TOWELS AND FACE CLOTHS:

- 2 Bath towels, 2 facial towels.
- 2 Face cloths: 1 light in colour (for face) and 1 dark in colour (for body). Please replace wash cloths regularly.
- Labelled laundry bag.

5. TOILETRIES:
Two months supply should be provided for use. Please provide again when needed.
Bath soap / Shower gel, shampoo, toothpaste, toothbrush, hand and body cream, comb / brush, deodorant / roll-on, inexpensive razors (preferably disposable) and a toilet bag.

6. HEATERS AND FANS:
Only oil heaters are allowed. First discuss with the Manager. Heaters must be removed again during the summer months. Fans must be safe to use in summer.

7. PADLOCK:
Each resident must bring a small padlock to lock his/her wardrobe. It is important that a duplicate key be submitted to the office should the resident lose the key.

8. CLOTHING REQUIRED: (GUIDELINE ONLY, BUT ACCORDING TO OUR EXPERIENCE)

LADIES	MEN
5 Dresses or slacks. 5 Petticoats, full or half (optional). Vests or spencers. Bras (if used). 3 Nighties per season, preferably polyester or cotton in summer. 2 Gowns, one for each season. Panties (if used). No handkerchiefs, tissues only. 2 Pairs of washable slippers. Shoes (flat, non slippery.) Jerseys that are washable, warm coat for winter. Stockings (if used, but preferably not). Blouses that easily pull over the head. 1 or 2 washable, warm jackets. 2 Soft winter scarves. Sweatshirts or tracksuit pants for winter. Socks when wearing long pants.	5 Shirts (please sew buttons on securely) or T-shirts that go easily over the head. 5 Long pants or track suits (Pants with elastic waistbands work best). 3 Sets of pyjamas per season, preferably without buttons. Vests. 2 Gowns, one for each season. Underpants (if used). No handkerchiefs, tissues only. 2 pairs of washable slippers. Shoes (flat, non slippery). 1 inexpensive belt or pair of braces (if preferred). Sweaters/pullovers that are washable and a warm jacket for winter. Socks.

..... **.....**
RESIDENT **DATE**

..... **.....**
NEXT OF KIN **DATE**