

Application for residency at Kosmos Care Centre

PERSONAL DETAILS :

DATE :

NAME AND SURNAME :

DATE OF BIRTH :

ID NUMBER :

ARE YOU IN POSSESSION OF A VALID ID DOCUMENT ?

SPECIFY INCOME (IF ANY)

OTHER INCOME (SPECIFY)

GENERAL INFORMATION :

WHO REFERRED YOU TO KOSMOS CARE CENTRE ?

DO YOU OWN A VALID DRIVERS LICENSE ?

ARE YOU CURRENTLY USING ANY MEDICATION?

SHORT MEDICAL HISTORY :

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DO YOU HAVE ANY ADDICTIONS ?

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DO YOU HAVE A CRIMINAL RECORD OR WERE YOU EVER JAILED ?

.....

SKILLS : (MALE APPLICANTS)

(A) WELDING :

(D) ELECTRICAL :

(B) PLASTERING:.....

(E) BUILDING :

(C) PLUMBING:.....

(F) PAINTING :

(G) ANY OTHER SKILLS :

.....

SKILLS : (FEMALE APPLICANTS)

(A) SEWING:.....

(B) COOKING :.....

(C) IRONING :.....

(D) HICKLE :.....

(E) KNITTING :.....

ANY OTHER SKILLS

.....

GIVE 2 REFERENCES WITH CONTACT NUMBERS :

(1)

(2)

I HEREBY DECLARE THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT AND ALSO GIVES KOSMOS CARE CENTRE THE NECESSARY AUTHORISATION TO OBTAIN ANY OTHER INFORMATION THAT THEY MIGHT FIND NECESSARY FOR THIS APPLICATION.

SIGNED.....

RECOMMENDATIONS BY INTERVIEWER :

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SIGNED :.....

COMMENTS AND RECOMMENDATIONS BY CHAIR PERSON :

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SIGNED :