

# QuadPara Association of the Western Cape

## QAWC

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Registered Non-profit Organisation 002-942 NPO

### APPLICATION FOR ACCOMMODATION    AANSOEK OM INWONING

Applicants Surname \_\_\_\_\_  
Aansoeker se Van \_\_\_\_\_

First names / Voorname \_\_\_\_\_

Current address / Huidige Woonadres \_\_\_\_\_  
\_\_\_\_\_

Telephone / Telefoon \_\_\_\_\_

Postal Address / Posadres \_\_\_\_\_  
\_\_\_\_\_

Date of Accident/illness / Datum van Ongeluk/siekte \_\_\_\_\_

Sex / Geslag      Male / Manlik       Female / Vroulik

I D number / I D nommer \_\_\_\_\_

Religious Affiliation / Kerkverband \_\_\_\_\_

Home Language / Huistaal    English       Afrikaans       Other / Ander

Marital Status / Huwelikstatus \_\_\_\_\_

If married, occupation of spouse \_\_\_\_\_  
Indien getroud, beroep van eggenoot \_\_\_\_\_

Number of Children / Aantal Kinders \_\_\_\_\_

**MEDICAL / MEDIES**

Type of Disability / Aard van Gestremdheid \_\_\_\_\_

Cause / Oorsaak \_\_\_\_\_

Level of Lesion / Letselvlak \_\_\_\_\_

Are you suffering from Pressure Sores  
Het u enige probleme met Druksere \_\_\_\_\_

Specify any Ailments, Allergies etc.  
Spesifiseer enige Siekte, Allergie ens. \_\_\_\_\_

Do you need specialised Nursing Care  
Benodig u gespesialiseerde Verpleegsorg \_\_\_\_\_

Are you mobile in your Wheelchair / Is U mobiel in u Rolstoel \_\_\_\_\_

Can you feed yourself / Kan u self eet \_\_\_\_\_

Name of Medical Aid  
Naam van Mediese Skema \_\_\_\_\_

**LEISURE TIME UTILISATION / VRYETYDSBESTEDING**

Hobbies / Stokperdjies \_\_\_\_\_  
\_\_\_\_\_

Interests / Belangstellings \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL SITUATION / FINANSIELE OMSTANDIGHEDE**

Pension and/or other Allowances (state type and amount) \_\_\_\_\_  
Pensioen en/of ander Toelaes (meld aard en bedrag)

\_\_\_\_\_

DGW No. \_\_\_\_\_

Specify any other source of Income \_\_\_\_\_  
Gee Besonderhede van enige ander bron van Inkomste \_\_\_\_\_

Specify fixed or other Assets or Investments \_\_\_\_\_  
Besonderhede van enige Eiendom, Belleggings of ander Bates \_\_\_\_\_

Regular Expenses / Gereelde Uitgawes \_\_\_\_\_  
\_\_\_\_\_

Outstanding Debts / Uitstaande Skuld \_\_\_\_\_  
\_\_\_\_\_

### **EDUCATIONAL QUALIFICATIONS / OPVOEDKUNDIGE KWALIFIKASIES**

Highest Standard Passed / Hoogste Standerd Geslaag \_\_\_\_\_

Higher Education / Na skool Opleiding \_\_\_\_\_  
\_\_\_\_\_

Are you busy with any Studies? / Studeer u tans

Ja / Yes

Nee / No

Mention the kind of work you did before your accident / illness  
Verstrek die aard van u werk voor u ongeluk / siekte

Kan u n rekenaar gebruik, indien ja, gee besonderhede  
Are you computer literate, if so, specify details

Are you able to write / Kan u skryf

Are you able to answer the phone and write down messages?  
Kan u die telefoon antwoord en boodskappe afskryf.

**SOCIAL REPORT / MAATSKAPLIKE VERSLAG**

Name and address of Social Worker who will supply report  
Naam en adres van Maatskaplike Werker wat verslag voltooi

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Telephone / Telefoon

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**DOCTORS REPORT / DOKTERS VERSLAG**

Name and address of Doctor who will supply report  
Naam en adres van Dokter wat verslag salvoltooi

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Telephone / Telefoon

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**GENERAL / ALGEMEEN**

Name and address of two Professional persons to whom the applicant is well known  
Naam en adres van twee Proffesionele persone aan wie die aansoeker goed bekend is

- 1. Name / Naam 

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- Occupation / Beroep 

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- 2. Name / Naam 

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- Occupation / Beroep 

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Name and address of two next of kin who would be able to take responsibility for you in an emergency.  
(eg. Doctor/hospital care, funeral arrangements)  
Naam en adres van twee naasbestaandes (verkieslik familie) wat in 'n noodtoestand vir u verantwoordelikheid kan aanvaar.  
(bv. Doctor of hospitaal, begrafnisreelings)

- 1. Name / Naam 

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- Address / Adres 

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- 
- Telephone / Telefoon 

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- 2. Name / Naam 

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- Address / Adres 

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- 
- Telephone / Telefoon 

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In whose care are you at present \_\_\_\_\_  
In wie se sorg is u op die oomblik \_\_\_\_\_

Persons Name, Address and Telephone Number \_\_\_\_\_  
Persoon se Naam, Adres en Telefoonnommer \_\_\_\_\_

Please state any other factors, which are relevant to this application  
Meld asb. enige faktore wat by u aansoek in aanmerking geneem moet word

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

Hiermee verklaar ek dat die gegewe inligting na die beste van my wete waar en korrek is. Ek onderneem om binne my vermoë aan die onderskeie aktiwiteite van die huis deel te neem om die welstand van die huis te verseker. Verder onderneem ek, dat indien ek toegelaat word, ek by die Reëls en Regulasies sal hou soos dit van tyd tot tyd aangepas mag word. Ek verstaan dat indien ek nie daarin slaag om aan bogenoede vereistes voldoen nie, ek gevra kan word om die huis te verlaat.

I hereby declare that to the best of my knowledge the particulars furnished in this application form are true and correct. I understand that I shall be expected to participate fully, to the best of my capabilities, in the various activities related to the running and upkeep of the house. I undertake furthermore, if admitted, to abide by the Rules and Regulations of the House as amended from time to time.

I understand that failure to comply with the above can result in my dismissal from the House.

Signature of applicant \_\_\_\_\_  
Handtekening van aansoeker \_\_\_\_\_

Date \_\_\_\_\_  
Datum \_\_\_\_\_

Witnesses / Getuies

1 .....

2 .....