**GOODWOOD JUBILEE MEMORIAL HOMES**

**GOODWOOD JUBILEUM GEDENKTEHUISE**

*A COMPANY REGISTERED UNDER THE COMPANIES ACT NOT FOR GAIN*

*‘N MAATSKAPPY GEREGISTREER ONDER DIE MAATSKAPPYWET SONDER WINSBEJAG*

**1959/000009/08**

**Tehuise vir Bejaardes - Homes for the Aged**

**E-pos/E-mail:goodwoodjubileum@absamail.co.za**

**Protea Tehuis Jubilee Retirement Centre**

**Alicestraat 127 C/o Oranje & Riebeek Streets**

**GOODWOOD Tygerdal**

**7460 GOODWOOD**

**7460**

**Tel.: (021) 591-4171/2 Tel.: (021) 592-2088**

**Faks: (021) 591-5587 Fax.: (021) 592-2090**

**D.**

**VERSLAG DEUR MAATSKAPLIKE WERKER /**

***REPORT OF SOCIAL WORKER***

**1. VAN / *SURNAME:* ………………………………………………………………………….**

**2. VOLLE NAME / *FULL NAMES:* ……………………………………………………….....**

**3. GEBORE / DATE *OF BIRTH:* …………………………………………………………….**

**4. IDENTITEITSNOMMER / *IDENTITY NUMBER:* ………………………………………..**

**5. ADRES / *ADDRESS:* ………………………………………………………………………**

**…………………………………………………………………………………………………**

**……………………………………………………. Poskode / *Postal Code:* …………..**

**6. TELEFOON NRS / *TELEPHONE NOS:***

**Werk / *Work:* ……………………………………………………………………………….**

**Huis / *Home:* ……………………………………………………………………………….**

**Selfoon / *Cellphone:* ………………………………………………………………………**

**Ander / *Other:* ………………………………………………………………………………**

**7. GESINSSAMESTELLING / *FAMILY COMPOSITION:***

**………………………………………………………………………………………………….**

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**………………………………………………………………………………………………….**

**Registered Public Benefit Organsisation 93000 3877/Geregistreerde Openbare Wel daadsorganisasie 93000 3877**

**Registered Nonprofit Organisation:033-936NPO/Geregistreerde Organisasie Sonder Winsoogmerk 033-936NPO**

**Registered Welfare Organisation No./Geregistreerde Welsynsnommer 2 01 0014**

**VAT/BTW NO: 4390116392 (PROTEA) VAT/BTW NO: 4690121134 (JUBILEUM)**

**D. 02**

**Naam van Applikant */ Name of Applicant: …………………………………………………***

**8. GESINSVERHOUDINGE / *FAMILY RELATIONS:***

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**9. PERSOONLIKE BESONDERHEDE** (Persoonlikheid, Belangstellings, Aanpassingsvermoë,

Vereensaming, ens) **/ *PERSONAL PARTICULARS*** *(Personality, Interests, Adjustment to*

*group situations, Loneliness, etc):*

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**10. OMGEWING & BEHUISINGSOMSTANDIGHEDE** (Woonomstandighede, Motivering vir

Opname, Huisvestingsprobleme, ens)  **/ *ENVIRONMENT & HOUSING SITUATION***

*(Living Circumstances, Motivation for Admission, Housing Problems, etc):*

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**11. FISIEKE TOESTAND** (Algemene Fisiese Toestand, Hulp tov Versorging, Allergieë, Behandel-

ling, Hulpmiddels in gebruik, Hospitalisasie afgelope 3 jaar, ens) **/**

***PHYSICAL CONDITION*** *(General Physical State, Assistance with regard to Care, Allergies,*

*Treatment, Medical Devices in use, Hospitalisation last 3 years, etc):*

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**D. 03**

**Naam van Applikant */ Name of Applicant: …………………………………………………***

**12. GEESTESGESONDHEID** (Korttermyn Geheue, Begripsvermoë, Depressie, Aggressiewe ge-

drag, Psigose, ens) **/ *MENTAL CONDITION*** *(Short term Memory eg Recall of recent events,*

*Understanding, Depression, Aggressive Behaviour, Psychoses, etc):*

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**13. PSIGIATRIESE VERSLAG AANGEHEG? JA / NEE**

***PSYCHIATRIC REPORT INCLUDED? YES / NO***

**14. FINANSIëLE OMSTANDIGHEDE** (Maandelikse Inkomste, Naam en Nommer van Pen-

sioen- en Mediese Fondse, Ekonomiese omstandighede, in besit van ‘n woonstel/huis/ander

eiendom, Beleggings, ens) **/**

***ECONOMICAL SITUATION*** *(Monthly Income, Name and Numbers of Pension and Medical*

*Aid Funds, Economical circumstances, in possession of a flat/house/other property, Investments,*

*etc):*

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**15. REDES VIR OPNAME** (Hoë ouderdom, Maatskaplike en/of Ekonomiese omstandighede,

Behuisingsprobleme, Fisiese en/of Psigiese verswakking, Eensaamheid, ens **/**

***REASONS FOR ADMISSION*** *(Old Age, Social circumstances, Housing problems, Physical*

*and/or Psycological deterioration, Financial circumstances, Loneliness, etc):*

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**D. 04**

**Naam van Applikant */ Name of Applicant: …………………………………………………***

**16. DIENSTE REEDS GELEWER** (**Ook AANSOEKE om OPNAME in ander tehuise ingedien**) **/**

***SERVICES ALREADY RENDERED*** *(****Also other APPLICATIONS for ADMISSION to other***

***homes****):*

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**17. AANBEVELING** (Spesifiseer die TIPE plasing verlang, bv enkelkamer, siekesaal, ens) **/**

***RECOMMENDATION*** *(Specify TYPE of placement required, eg single room, sick ward, etc)*

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**18. MOTIVERING VIR OPNAME / *MOTIVATION FOR ADMISSION:***

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**HANDTEKENING: MAATSKAPLIKE WERKER / DATUM / *DATE***

***SIGNATURE: SOCIAL WORKER***

**………………………………………………………… ……………………………**

**NAAM VAN ORGANISASIE / PLEK / *PLACE***

***NAME OF ORGANISATION***