



For office use:

<input type="checkbox"/> Valcare Member	<input type="checkbox"/> Questionnaire	<input type="checkbox"/> Database
<input type="checkbox"/> Valcare Partner	<input type="checkbox"/> Registration documents	<input type="checkbox"/> Sms
	<input type="checkbox"/> Constitution	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Amount R____	<input type="checkbox"/> Organisational structure	<input type="checkbox"/> Map
<input type="checkbox"/> Receipt #____	<input type="checkbox"/> Two reference letters	<input type="checkbox"/> Scan

MEMBER APPLICATION

1. **NAME OF ORGANISATION:**

NAME OF PROJECT RELATED TO THIS ORGANISATION:

2. **PHYSICAL ADDRESS: (street name and number is very important)**

Building: _____

Street name: _____

Suburb: _____

City: _____

3. **POSTAL ADDRESS: (if different from physical address)**

Building: _____

Street name/PO Box: _____

Suburb: _____

City: _____

4. **OFFICE NUMBER:** _____

5. **FAX NUMBER:** _____

6. **GENERAL E-MAIL:** _____

7. **ORGANISATION'S FACEBOOK PAGE:** _____

8. **WEBSITE ADDRESS:** _____

9. **PLEASE LIST ALL STAFF MEMBER NAMES THAT WOULD LIKE TO RECEIVE COMMUNICATION**

CONTACT PERSON	DESIGNATION	CELL PHONE	EMAIL

10. WHICH ONE OF THESE SERVICE FIELDS ARE THE ORGANISATION'S FOCUS AREAS.
(select the fields that is most relevant)

PRIMARY FOCUS

SECONDARY FOCUS

<input type="checkbox"/>	<u>SPATIAL</u> Safe, clean, attractive Spaces (e.g. gardens, community safety, waste management)	<input type="checkbox"/>
<input type="checkbox"/>	<u>PEOPLE</u> Family (e.g. parenting skills, child protection, youth work, care for the elderly)	<input type="checkbox"/>
<input type="checkbox"/>	Health (e.g. hospice, disabilities, substance abuse, home based care)	<input type="checkbox"/>
<input type="checkbox"/>	Food Security (e.g. soup kitchen, vegetable gardens)	<input type="checkbox"/>
<input type="checkbox"/>	Reconciliation (e.g. prison ministry; life coaching; discipleship)	<input type="checkbox"/>
<input type="checkbox"/>	<u>ECONOMIC</u> Job creation (e.g. skills development, job creation, income generation)	<input type="checkbox"/>
<input type="checkbox"/>	Education (e.g. ECDs, after school care, school drop outs)	<input type="checkbox"/>

11. IF YOU HAVE SELECTED FOOD SECURITY AS PRIMARY FOCUS AREA, ON WHICH DAYS DO YOU HAND OUT FOOD & WHICH TIME OF YEAR:

<input type="checkbox"/>	Monday
<input type="checkbox"/>	Tuesday
<input type="checkbox"/>	Wednesday
<input type="checkbox"/>	Thursday
<input type="checkbox"/>	Friday
<input type="checkbox"/>	Saturday
<input type="checkbox"/>	Sunday
<input type="checkbox"/>	Only when food is available
<input type="checkbox"/>	Whole year
<input type="checkbox"/>	Winter time
<input type="checkbox"/>	Summer time

12. REGISTRATION:

12.1 Is your organisation registered? Yes No

12.2 Is the organisation registered as:

12.2.1 Non Profit Organisation:

Registration number: _____

Date of registration: _____

12.2.2 Non Profit Company:
 Registration number: _____
 Date of registration: _____

12.2.3 Trust:
 Registration number: _____
 Date of registration: _____

12.2.4 Partial Care Facility: (After Care/ ECD)
 Registration number: _____
 Date of registration: _____
 Number of children registered for: _____

12.2.5 Other, specify:
 Registration number: _____
 Date of registration: _____

13. GIVE A BRIEF OVERVIEW OF THE ORGANISATION: (two sentences or less)

14. PLEASE SELECT SIZE OF ORGANISATION'S STAFF (Member fees are indicated in table below):

DURATION	VOLUNTEERS/ECD	1-5 STAFF MEMBERS	6+ STAFF MEMBERS
12 MONTHS (Jan - Dec)	R200	R400	R600

15. IN WHICH GEOGRAPHICAL AREA(S) IS THE ORGANISATION WORKING?

- Franschhoek, specify _____
- Gouda, Saron, Hermon, specify _____
- Klapmuts, specify _____
- Mbekweni, specify _____
- Paarl, specify _____
- Simondium, specify _____
- Stellenbosch, specify _____
- Wellington, specify _____
- Other, specify _____

16. WHO ARE YOUR BENEFICIARIES & WHAT IS THE NUMBER OF PEOPLE THAT BENEFIT FROM YOUR ORGANISATION, ACCORDING TO THESE AGE GROUPS?

Babies & Toddlers (0-5 years)	Primary School (6-12 years)	Secondary School (13-17 years)	Youth (18-24 years)	Young Adults (25-35 years)	Adults (36-59 years)	Elderly (60+ years)

17. SOCIO ECONOMIC DEVELOPMENT

Can you confirm that 75% of your beneficiaries are individuals who meet the definition “Black” as defined in terms of the Department of Trade and Industry’s Broad-based Black Economic Empowerment (B-BEE) Codes of Good Practice.

Yes No

18. PLEASE NOTE THAT THE FOLLOWING INFO ACCOMPANIES THIS APPLICATION FORM:

- Registration documents (if registered)
- Constitution (if applicable)
- Two reference letters (required)
- Proof of payment (required)

19. PLEASE INDICATE WHAT RESOURCES YOU HAVE TO SHARE OR MAKE AVAILABLE TO OTHER VALCARE MEMBERS:

- Peer Training opportunities Type: _____
 - Venue / facilities Type: _____
 - Preferred service providers List: _____
- _____
- _____
- _____
- _____

With this I agree to:

- Adhere to the ethics and strategy of Valcare.
- Give permission to share my information with interested, relevant Valcare members and funders.
- Give permission to communicate with me via email and SMS.

Signature

Date