



# DEPARTMENT OF COMMUNITY

## NEIGHBORHOODWATCH PROJECT REGISTRATION FORM

Title e.g. Mr, Ms												Initials							
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Surname																				
First Name																				

**Personal details**

Marital Status	Single		Married		Divorced		Widowed	
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Identity Number																				
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Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	Gender	M	
											F	

Ethnic group	African		Coloured		Indian		White	
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Home Language																				
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Preferred language																				
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Citizenship																				
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If not a South African citizen, please tick one of the options below

African (African countries)		Refugee (Refugee Permit)	
Foreign (Outside africa)		Permanent Residence	

Passport Number																				
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**Status**

Employed	
Unemployed	

Availability (full time, part time or both)	FT
	PT

Drivers Lincense	Y
	N

Disabilities	Y
	N

Criminal Record	Y		N	
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If yes, define briefly the nature of crime below


**Contact Details**

Residential address (where you live permanently or where you can be contacted)																			
	Postal code																		

Tel Num																				
Work Num																				
Cell Num																				
Fax Num																				


Email Address																				
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Educational Information

Highest Grade Passed

Qualifications

Training received related to DCS

Victim Empowerment

Training checkboxes

Life skills

Training checkboxes

Farm Watch

Training checkboxes

Neighbourhood Watch Basic Training

Youth Role Model

Traffic Volunteers

Community Police Forum Training

Parenting Skills

Domestic Violence

Trauma Counselling

Other training

Deployment Arrangements

Preferred Session: Midweek, Weekend

Preferred Time: Day, Night

Preferred Police Sector

District Municipality

Neighbourhood Watch

NAME OF STRUCTURE

Name and Surname, Contact Num, CPF

Position

Date

Signature

Community Policing Forum

Name and Surname, Contact Num, Police Station

Position

Date

Signature

SAPS

Name and Surname, Contact Num, Cluster

Position

Date

Signature

# INDEMNITY

I .....(full name & Surname)

ID number.....tel (h) .....cell.....

ADDRESS.....

Hereby request the availability of my criminal record, if any, in my own capacity.

I hereby authorize the South African Police Service to take / have my fingerprints, together with my name, surname and identity number and to make it available to the Criminal Record Center of the South African Services for the record tracing purposes.

I furthermore authorize the South African Police Service to furnish personal information regarding my criminal background, criminal history, previous and / or any other relevant information such as usually furnished by the Criminal Record Center of the South African Police Service in this regard and to post it to the nearest Police Station of my vicinity or send it by post to my postal address where I shall take receipt of it.

Furthermore unconditionally indemnify the South African Police Service and all its members, employers as well as the Government of the Republic of South African against any liability which results or may result from furnishing information in this regard, including documents / or information in this regard, which may come to the attention of any other person or institution by any other means.

Signed at ; LANSDOWNNE

\_\_\_\_\_  
Signature of applicant / employee

I -----certify that

(person / member authorized by the South African Police Service to take fingerprints)

1. I have obtained and confirmed the personal particulars of the applicant and
2. I have explained the contents of this indemnity to the applicant and confirm that he /she understands the contents hereof.

Signature; .....

Office: PDP / ADMIN

Place : Lansdownne