

VISIT AND/OR EXCURSION APPLICATION (INFO FOR APPROVAL) JAKARANDA KINDERHUIS

APPLICANT INFORMATION

Full Name & Surname:

Company Name:

CONTACT INFORMATION

Mobile Phone:

E-mail:

Landline:

City:

Province:

Postal Code:

Physical Address:

Full address where excursion will take place:

Date of planned visit or excursion:

Start Time:

End Time:

Number of children / houses involved:

Traveling arrangements for excursions: OWN or CHILDREN'S HOME TO PROVIDE?

Excursion: Planned pick up time?

Excursion: Planned Drop Off Time?

SHORT DESCRIPTION OF YOUR GOAL AND/OR INTENTION WITH THIS VISIT OR EXCURSION

Will there be any food/refreshments provided to the children during the visit or excursion? :

YES

NO

Describe the food and or refreshments:

Will there be media involved? :

Will there be photos taken by your guests or a professional photographer? :

Do you need more information about the Children's Home's? :

YES

NO

ADDITIONAL INFORMATION TO SUPPORT YOU APPLICATION

Signature of applicant:
Name In Print:

Application Date:

FOR OFFICE USE ONLY:

Signature of Social Worker:

Signature of House Parent / Contact Person / Responsible Person:

Date:

Date:

NAME IN PRINT

NAME IN PRINT

House Parent / Contact Person / Responsible Person:

Decision of Social Workers Committee:

APPROVED

DECLINED

Signature of Chairperson:

Date: