**APPLICATION FORM: SCHOOLS AND HOSTEL**

**HEALTH CERTIFICATE**

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| **REF: COM/HC3303** |

 **PARTICULARS OF APPLICANT**

|  |  |
| --- | --- |
| NAME OF APPLICANT |  |
| ID NUMBER |  |
| NAME OF SCHOOL/HOSTEL |  |
| PHYSICAL ADRESS |  |
|  |
|  |
| POSTAL ADDRESS |  |
|  |
|  |
|  |
| ERF NUMBER |  |
| TELEPHONE NUMBER |  |
| CELL NUMBER |  |
| FAX NUMBER |  |
| E - MAIL ADDRESS |  |

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| --- |
|  **TYPE OF SCHOOL (mark with an X)** |
| PRIMARY | SECODARY | PRE-PRIMARY | AFTER SCHOOL CARE | PRIVATE  |
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |

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| **MARK WITH YES OR NO ON A SPACE BELOW** |
| Is your school part of a feeding scheme? | **YES** | **NIO** |
|  |  |
| Is a kitchen provided? |  |  |
| Is a sickbay provided |  |  |
| Is a first aid kit available? |  |  |
| Number of staff members |  |  |
| Does at least one staff member have a valid First Aid certificate |  |  |
| Has application been made with the Department of Education for Registration in terms of the Schools Act (Applicable to Pre-Schools grade (R) and School Based After Care Facilities)? |  |  |
| Has fire clearance been obtained? |  |  |
| Business Hours |  |  |

|  |  |  |
| --- | --- | --- |
| **NUMBER OF CHILDREN AGE GROUP** | **AGE GROUP** | **NUMBER OF CHILDREN** |
| **5 – 6 years (Grade R)** |  |
| **6 – 13 years** |  |
| **13 – 18 years** |  |

|  |
| --- |
| **TYPES OF TOILETS AVAILABLE MARK WITH AN (X)** |
| Potty’s | Flush | Chemical | Pit | Buckets |

|  |
| --- |
| **PLAY SPACE** |
| Grade R | Indoor play space m2 | Outdoor play space m2 | Number of toilets | Number of hand was basin |
|  |  |  |  |
| Primary School |  |  |  |  |
| Secondary School |  |  |  |  |

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

**SIGNATURE OF APPLICANT DATE OF APPLICATION**

**The following non - refundable fees are payable with applying for a Health Certificate:**

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| **Note that these fees are payable before application form is submitted to Municipal Health and Environmental Management Office (Ehlanzeni District Municipality)** |
| Health Certificate | R250.00 |
| Re-issue/Review/Renewal of Health Certificate | R250.00 |
| Transfer of Health Certificate | R250.00 |
| **BANKING DETAILS** |
| Name of Bank | First National Bank |
| Account Holder | Ehlanzeni District Municipality |
| Account Number | 62113491419 |
| Type of Account | FNB Business Cheque |
| Branch Code | 250655 |
| Deposit Reference number | **COM/HC3303** |

**ATTACHMENTS REQUIRED WITH THE APPLICATION:**

* **COPY OF APPROVED BUILDING PLAN OF THE PROPOSED OR EXISTING BUSINESS**
* **COPY OF ID FOR APPLICANT**
* **PROOF OF RESIDENCE FOR APPLICANT**
* **ZOONING CERTIFICATE/SPECIAL CONSENT USE/PERMIT FROM LOCAL AUTHORITY OR LOCAL MUNICIPALITY**
* **PROOF OF PAYMENT OF R250.00 FOR ADMIN.FEE**

NB: This application is valid for three months from date of Inspections by the Environmental Health Practitioner. None compliance to acquire a permit during this period will result in a new application process.