Blissful Cleft Foundation
Registration number: 2020/659067/08
Postnet 1596
Private Bag X1007
Lyttleton, 0140
Website: www.blissfulcleft.org
Email address: info@blissfulcleft.org
Telephone number: 076 660 8081

APPLICATION FORM

Reference no.		Date	Y	Y	Y	Y	M	M	D	D

1. MOTHER PARTICULARS

Surname						
Maiden name						
First names:						
Identity number:		**Age**				
Place of birth		**Nationality**				
Population group	**African**	**Coloured**	**Indian**	**White**	**Asian**	**Other**
Residential address:						
		Code				
Postal address:						
		Code				
Tel no. (H)		**Tel no. (W)**				
Cell no.		**Fax no.**				
E-mail						
Employment status	**Employed**	**Unemployed**	**Pensioner**	**Other (specify):**		

IF YOU ARE EMPLOYED PROVIDE THE FOLLOWING INFORMATION:

Name of employer		**Tel no.**	
Employer address			
		Code	
Average Monthly Income	**R**		

ALTERNATIVE CONTACT PERSON:

Name		**Tel no.**										
Residential Address												
		Code										

FATHER PARTICULARS

Surname																								
First names:																								
Identity number:													**Age**											
Place of birth										**Nationality**														
Population group	**African**			**Coloured**			**Indian**			**White**			**Asian**			**Other**								
Residential address:																								
													Code											
Postal address:																								
													Code											
Tel no. (H)										**Tel no. (W)**														
Cell no.										**Fax no.**														
E-mail																								
Employment status	**Employed**			**Unemployed**			**Pensioner**			**Other (specify):**														

IF YOU ARE EMPLOYED PROVIDE THE FOLLOWING INFORMATION:

Name of employer		**Tel no.**										
Employer address												
		Code										
Average Monthly Income	**R**											

ALTERNATIVE CONTACT PERSON:

Name		**Tel no.**										
Residential Address												
		Code										

2. PATIENT PARTICULARS

Surname						
First names:						
Identity number:		**Gender**	M	F	**Age**	
Place of birth		**Nationality**				
Population group	**African**	**Coloured**	**Indian**	**White**	**Asian**	**Other**
Residential address:						
					Code	
Postal address:						
					Code	
Tel no. (H)		**Tel no. (W)**				
Cell no.		**Fax no.**				
E-mail						

DIAGNOSING DOCTOR INFORMATION:

Name		**Tel no.**	

DATE OF CLEFT DIAGNOSIS:

3. PLEASE SUPPLY DETAILS REGARDING PATIENT'S CLEFT DIAGNOSIS

*Provide details as to the type of Cleft (i.e. only lip or only hard palate or only soft palate or hard palate and lip or all three)
* Supporting medical documentation must accompany this application form

4. PREVIOUS CONSULTATIONS, INTERVENTIONS OR TREATMENT (PARTICULARS OF THE MATTER)

* e.g. heart condition, epilepsy
*Please add any syndromic diagnosis as well

6. DOES THE PATIENT SUFFER FROM ANY OTHER MEDICAL CONDITIONS?
***Does the patient use any medication? E.g. for reflux**

7. IF YES, PLEASE SUPPLY DETAILS
* Supporting medical documentation must accompany this application

8. IF YES WHAT WAS THE OUTCOME?

_____ Parent / Guardian signature	_____ Parent / Guardian signature
_____ Date	_____ Date
_____ Place	_____ Place

Supporting Documentation Which Needs to Accompany This Form:

1. **Certified Copies of both parents' ID Documents**
2. **Certified Copy of the Patient's Birth Certificate**
3. **Proof of Residence**
4. **Payslips or 3 Months Bank Statements**
5. **Photographs of the Patient's Cleft**
6. **Photographs of the Patient's Face**
7. **All Medical Records in Respect of the Patient**

GENERAL:

1. **Blissful Cleft Foundation NPC reserves the right to reject any application, should such application not have all the required supporting documentation annexed thereto.**
2. **Blissful Cleft Foundation NPC has the right to request further supporting. documentation from the applicants, or the Doctor, in support of the application.**
3. **Blissful Cleft Foundation NPC reserves the right to reject any application which does not fulfil internal requirements**
4. **Should it be found that any information completed on the application form or any information in any of the supporting documentation is incorrect or fraudulently drafted, then your application will be rejected and you will be barred from applying in future.**
5. **All information obtained by Blissful Cleft Foundation NPC will be remain confidential and will be used for the sole purpose of assessing whether or not the patient qualifies for the operation.**
6. **Submitting this application in no way guarantees that your application will be successful.**
7. **The applicant(s) have the duty to ensure that all information is correct and that the application form is accompanied by all the required supporting documentation listed above.**
8. **Applicants will be informed of whether their application is accepted or rejected within 60 (sixty) days after Blissful Cleft Foundation NPC has received the application and accompanying supporting documentation.**