

- PLEASE PROVIDE 2 COPIES OF ID WITH APPLICATION FORM (FOR POLICE CLEARENCE)



## DEPARTMENT OF COMMUNITY SAFETY

### MONTE VISTA PLATTEKLOOF GLEN (MVPG) NEIGHBOURHOOD WATCH APPLICATION FORM

Initials

Title e.g. Mr, Ms					
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Surname												
First Name												

#### Personal details

Marital Status	Single	Married	Divorced	Widowed	
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Identity Number	MONTE VISTA	PLATTEKLOOF	GLEN								
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Date of Birth	D	D	M	M	Y	Y	Y	Y	Age	Gender	M	F
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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)	
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Foreign (Outside africa)		Permanent Residence	
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Passport Number												
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#### Status

Employed		Availability (full time, part time or both)	FT	Driver's License	Y	Disabilities	N
Unemployed			PT		N		Y

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

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

Home Number					
Work Number					
Cell Number					
Fax Number					


Email Address

Qualifications

  
  

**Training received related to DCS**

Victim Empowerment  
Neighbourhood Watch Basic Training  
Community Police Forum Training  
Trauma Counselling

  
  
  

Life skills  
Youth Role Model  
Parenting Skills

  
  

Farm Watch  
Traffic Volunteers  
Domestic Violence

  
  

Other training

  

**MONTE VISTA  
PLATTEKLOOF  
GLEN**

**Deployment Arrangements**

Preferred Session	Midweek		Preferred Time	Day	
	Weekend			Night	

**Activities**

Vehicle Patrol	
Foot Patrol	
Bicycle Patrol	
Eyes & Ears	
Admin	

Member's Signature

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Date

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**MVPG Neighbourhood Watch**

**Sector 4**

Name and Surname	
Contact Number	
CPF	Goodwood CPF
Signature	

Position	MVPG NHW Chairperson
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**Goodwood Community Policing Forum**

Name and Surname	
Contact Number	
Police Station	Goodwood SAPS
Signature	

Position	Goodwood CPF Chairman
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**SAPS (Goodwood)**

Name and Surname	Lt. Colonel Marius Roux
Contact Number	021 592 4487 / 4430
Cluster	Tygerburg
Signature	

L Position	VISPOL Commander Goodwood SAPS
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