

Enq. Khoza HNS
0829352502
0662382296



Stand No. 1122 Sand River Trust
P O Box 1698, Hazyview, 1242
Mpumalanga

Application Form

2024

Child's Full Name and Surname: KWANDOKUHE KAILA MABUZA
Date of Birth: 2021-06-21
ID Number: 2106210545086
Home language: SWAZI
Gender: FEMALE

Parent, Guardian or Caregiver Name:
Parent/guardian/caregiver ID: 7110045523081
Telephone number: 0763774774
Place of work: SABI RIVER SW
Home Address: PO BOX 13 HAZYVIEW 1242
Income per month: 7000

Parent, Guardian or Caregiver Name:
Parent/guardian/caregiver ID:
Telephone number: 0763281351
Home Address:
Place of work:
Income per month:

Number of dependants under 18 years: 3
Emergency number:
Name and phone number of child's regular doctor or clinic:
Medical issues:

Allergies:

This form must be returned with the

- Copy of Child's clinic card/health card,
- Copy of child's birth certificate,
- Parent/guardian/caregiver copy of ID
- A pay card or salary slip or copy of child support grant for parents, guardian or caregiver

I agree to pay the school fees of _____ per month and to follow the rules and regulations of the centre.

Signed:

M.E. MABUZA

Date:

19.1.24

FOR OFFICE USE ONLY:

Date received:

Date & Time of Interview:

All forms received:

Date accepted:

ENQ: ZITHA N
REF: 9/1/5
TEL: 013 709 7019

RE: CONFIRMATION LETTER OF A BENEFICIARY IN RECEIPT OF SOCIAL GRANT/S

Name and Surname of the beneficiary: NDHLOVU-MABUZA SIBONGILE

I.D. No: 2106210545086

Address: P.O Box 13, Hazyview, 1242

GRANT TYPE: Child Support Grant

No	Name and Surname	I.D. Number
1	KWANDOKUHLE KAILA	2106210545086
3		
4		
5		
6		

The total monthly Grant amount is: R 1530.00

N.B. Please note that this letter cannot be used to open accounts or personal loans

Signature:  Date: 2024.01.10



South African Social Security Agency
Mpumalanga Region

No. 18 Ferreira Street • Nelspruit
Private Bag X11230 • Nelspruit 1200
Tel: +27 13 75,19-16 • Fax: +27 13 754950
www.sassa.gov.za





3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations. Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.

Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.

If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks. All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.

Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.

Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.

A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.

Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).

Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

For Health Workers...

Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
Check the child's nutritional status and whether any immunisation or treatment is due.

Show the caregiver proper hand washing.
Always give the caregiver a date for their baby's next visit to the clinic.
Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (excluding mild fever and minor local reactions).

Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Child's Name		Child's Date of Birth			
Kusaudokutivire		21/06/2021			
Kabusaa					
Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Birth	BCG	Intradermal Right arm	038520	22/06/21	Yakob
	OPV0	Oral	U3E85	22/06/21	Yakob
	OPV1	Oral	U3E85	25/06/21	W. Wilson
6 weeks	Rotavirus 1	Oral	LE663AA	25/6/21	W. Wilson
	PCV1	IM Right thigh	U4M720	3/8/21	W. Wilson
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	1A18831U	3/8/21	W. Wilson
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	1B18831U	31.8.21	W. Wilson
	Rotavirus 2	Oral	LC785Aa	28/08/21	W. Wilson
	PCV2	IM Right thigh	064820	28/09/21	W. Wilson
6 months	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	U3C371U	28/09/21	W. Wilson
	Measles 1	S/C Left thigh	250921	21/12/21	W. Wilson
9 months	PCV 3	IM Right Thigh	044421	15.7.22	W. Wilson
12 months	Measles 2	S/C Right arm	250920	21/08/22	W. Wilson
	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm	V33461U	22/12/22	W. Wilson
6 years	Td	IM Left arm			
12 years	Td	IM Left arm			
Additional Vaccinations					
Girls 9 years and older	HPV1	IM Non-dominant arm			
	HPV2	IM Non-dominant arm			





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

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PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2106210545086
SURNAME: MABUZA
FORENAMES: KWANDOKUHLE KAILA

GENDER: FEMALE DATE OF BIRTH: 2021-06-21
PLACE OF BIRTH: NELSPRUIT
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER: 7903090877083

MAIDEN/SURNAME: NDHLOVU-MABUZA
FORENAMES: SIBONGILE LIZZEL

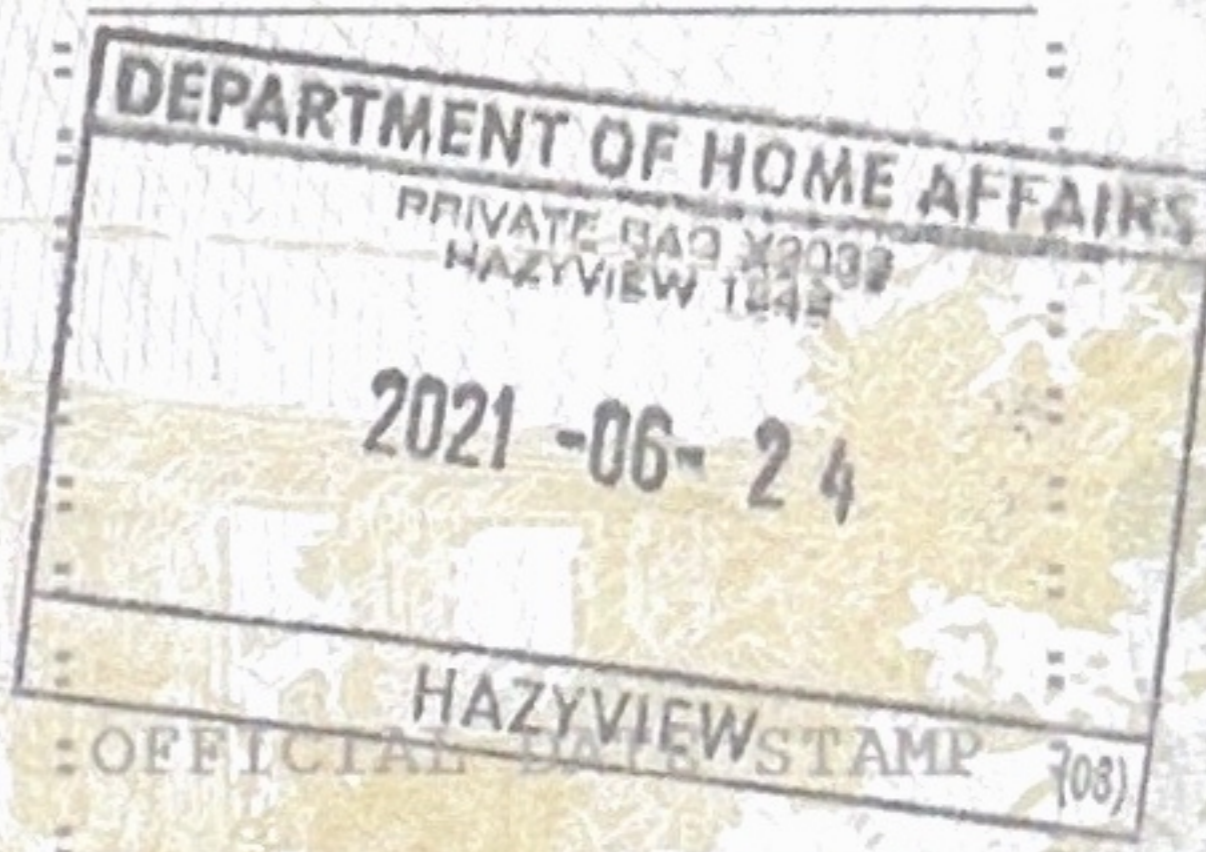
DATE OF BIRTH: 1979-03-09
PLACE OF BIRTH: HAZYVIEW
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER: 7110045523081

SURNAME: MABUZA
FORENAMES: MARKS ELPHAS

DATE OF BIRTH: 1971-10-04
PLACE OF BIRTH: WHITE RIVER
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
CHILD REGISTERED BY MOTHER



DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20210624

ISSUED BY: YEV240

