

APPLICATION FORM FOR HEALTH CERTIFICATE SCHOOL

IN TERMS OF ANNEXTURE A SECTION 8 OF THE NORMS AND STANDARDS FOR ENVIRONMENTAL
HEALTH, PROMAGATED, 24 DECEMBER 2015

SCHOOL INFORMATION

SECTION 21

YES

NO

SECTION 22

YES

NO

Name of the School:

School Physical Address:
.....
.....

School Postal Address:
.....
.....

Name of School Principal:

School Contact details (i.e. telephone number, fax number, email address):

.....
.....
.....

Age Group	No of Children
0-2yrs	
2-6yrs	
6-18yrs	

School enrollment.....
.....

YES	NO
YES	NO
YES	NO

Number of Learners and Ages.....

Type of childcare facility (if applicable) :.....

- Preprimary
- Full day Creche´
- Aftercare

PARTICULARS OF FOOD HANDLING PREMISES

Does the School prepare food?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the school have Certificate of Acceptability?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the school have kitchen facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

STRUCTURAL FACILITIES

How Many classrooms does the school have?

Other facilities available at school (e.g. library, gym, pool, hostels) YES NO

If Yes, please specify.....

.....

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Does the School have Special Consent? YES NO

Type of building Bricks Concrete Mobile class Wood Other

ABLUTION FACILITIES

TYPE OF TOILETS: Flush Chemical Pit latrine Other

Number of Toilets: Boys Girls Staff

WATERSUPPLY:

What type of water supply? Municipal Borehole Tank Other

REFUSE COLLECTION

Municipal Private Other

Provide name and address of refuse collector service:

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SCHOOL GROUNDS:

Does the School have school ground?..... YES NO

TYPE OF FENCING: Wire Concrete Wood Other

ACOMMODATION

HOSTEL: GIRLS DORMITORIES:

 YES NO

Please specify the following for girls dormitories:

- Total number of sleeping rooms:
- Total number of beds:
- Total number of toilets:
- Total number of showers:
- Total number of wash hand basins:

HOSTEL: BOYS DORMITORIES:

Please specify the following for girls dormitories:

- Total number of sleeping rooms:
- Total number of beds:
- Total number of toilets:
- Total number of showers:
- Total number of wash hand basins:

I.....

Certify that the information contained in this application is true and correct to the best of my knowledge and belief

SIGNITURE OF APPLICANT.....

CAPACITY OF APPLICANT.....

DATE.....