



**EDUCATIONAL INFORMATION:**

HIGHEST GRADE PASSED

QUALIFICATIONS:

Other Qualifications/Experience: ( medic/fire fighter/marketing/finance etc. )

**DEPLOYMENT(PATROL)**

Preferred Session

Preferred Time

Available for Special Operations:

Anytime

Day

Y

N

Week days

Night

Weekends

Due to the nature of the service we provide, members are required to undergo a police clearance check. By signing this form you, the undersigned, authorize Strand Neighbourhood Watch to obtain the police clearance from Strand SAPS. All information obtained will be handled with the strictest confidence.

Attached hereto please find the SNW code of conduct which is to be read, understood and complied with by yourself at all times.

The applicant declares that all statements made in the application are true and complete and hereby authorizes the Strand Neighbourhood Watch to obtain a police clearance from Strand SAPS.

APPLICANT SIGNATURE

DATE

***NB: PLEASE ATTACH A COPY OF YOUR ID.*****COMPLIANCE WITH POPI**

SNW and the member of the SNW (hereinafter referred to as "the Parties") acknowledge their respective obligations to comply with the substantive provisions of the Protection of Personal Information Act, 4 of 2013 (hereinafter referred to as 'POPI'). Where any party receives any personal information as defined in POPI it shall ensure that it fully complies with the provisions of the Act and only deal with the personal information to fulfill its obligations under the Application for membership with SNW. The personal information received shall not be further processed or disclosed without the consent of the disclosing party.

Each party further understands that violation of the provisions dealing with POPI may subject that party to applicable legal penalties, including those provided under POPI.

Within thirty (30) days after the termination of this Agreement, for whatever reason, the receiving party of either party's personal information shall return same or at the discretion of the disclosing party of such personal information, destroy such personal information, and shall not retain copies, samples or excerpts thereof. In cases where the disclosing party has elected for the personal information to be destroyed, as provided for in above clause, the receiving party shall, within ten (10) days of receiving the instruction to destroy the personal information, send an affidavit confirming the destruction of personal information.

**OFFICE USE ONLY:**

Preferred Police Sector

District Municipality

Sector 2 &amp; 3

STRAND

**NEIGHBOURHOOD WATCH****STRAND NEIGHBOURHOOD WATCH**

NAME AND SURNAME

CONTACT NUMBER

CPF

DATE

POSITION:

SIGNATURE:

**COMMUNITY POLICING FORUM**

NAME AND SURNAME

CONTACT NUMBER

POLICE STATION

DATE

POSITION:

SIGNATURE:

**SAPS**

NAME AND SURNAME

CONTACT NUMBER

CLUSTER

DATE

POSITION:

SIGNATURE: