# Protective Behaviours Southern Africa (PBSA) 198-336 NPO

**Membership Application Form for Individuals**

**Thank you for applying to become a member of PBSA, we look forward to welcoming you to our organisation and working with you to protect the children of Southern Africa. Working with children requires a level of trust and every member of PBSA is vetted. This process is intended to offer protection to the children we serve and is consistent with the South African Child Protection Act and the Constitution of Protective Behaviours South Africa (PBSA)**

**PERSONAL INFORMATION**

Surname: _____

First Name(s): _____

ID no _____

Organisation: _____

Address: _____

Mobile No.: _____

Email Address: _____

**CHECKLIST**

To make this process as efficient as possible, please supply the following documentation (✓tick each item supplied):

- Completed application form
- Police/ Name clearance (issued within the last 6 months)
- Complete and email Form 30 for the National Child Protection Register. (checks are valid for 2 years).
- Certified Copy of ID Document
- Photo (head and shoulders, face clearly visible)
- Fee (R50) (non-refundable administrative fee)

**MEMBERSHIP**

I confirm that all the information provided here is true and complete, and I confirm that I have emailed or submitted the Form 30 for the required enquiry on the offenders Register to CPR clearances to cprenquiries@dsd.gov.za. Result to be forwarded to PBSA before person encounters in trainings. I confirmed the payment of the annual membership (1 April – 31 March ) fee into the bank account of:

**Acount Holder: Protective Behaviours Southern Africa**
**Bank : FNB Gold Business Account**
**Account number: 62 92 383 7788**
**Universal Branch Code: 250655**

Please use as ref. " MF - Your Name"

Applicant: .....
(name, signature)

Date: .....

**AGREEMENT**

I, _____ understand the rules and regulations of PBSA and agree to abide by them. In addition, I will adhere to all guidelines and rules issued by the Board PBSA.I will submit any material I create, modify, adapt, or translate to the Board PBSA for approval before it is used. This ensures the quality of the material associated with PBSA maintains the highest standard. I will ensure that to submit my Form 30(individuals) for the required enquiry on the offenders register.

Signed by _____at _____
(signature of applicant) (name of town/city)

On this the _____ day of _____ 20_____
(month) (year)