Needs Assessment Form

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THE EXECUTIVE WELFARE COUNCIL OF THE AFM OF SA

AFM Welfare

HEAD OFFICE
P.O. Box 14927, Lyttelton, 0140
Tel: +27 12 753 7940/1
Email: info@afmwelfare.org.za
Website: www.afmwelfare.org.za

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Needs Assessment Form

AFM Family,

This is a Needs Assessment Form. Please share it with your members to fill in and return. The information will help the Welfare Committee/Team to understand their needs and provide the right support.

We also know that AFM Assemblies are diverse – therefore you are welcome to use this form as it is or adapt it to the context of your specific Assembly.

BIOGRAPHICAL INFORMATION:

I, Full Names: Initials:

Surname:

ID number:

Residential Address:

Postal Code :

Postal Address :

Postal Code :

Contact Details : Cell : Work :

E-mail :

Level of Education:

Occupation: e.g. housewife

Marital Status (tick): Single Married Divorced Widowed Separated

If married, name and surname of spouse:

Name and Surname:

Level of Education:

Occupation:

Address of Employment:

Postal Code :

FAMILY COMPOSITION

NAME & SURNAME	AGE	RELATIONSHIP	OCCUPATION	MARITAL STATUS

Type of help that can be appreciated:

Signed at: (Town/City) Date: DD/MM/YY

Signature: