

COMMUNITY PROFILE



CHIVA SOUTH AFRICA
MENTORING. PARTNERING. SAVING LIVES.

CLINIC:		SUB-DISTRICT:	
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Location:	Nearest City and Distance:	Population Information /Catchment area:	Transportation Facilities:
Cultural and recreation Services			
Library?	Youth Centre?	Religious institutions?	Public Parks?
Community Centre?	Sports Field?	Swimming Pool?	Tennis Court?

	Street Address	Telephone Number	Name of Manager or contact person	Brief description of Adolescent and youth services
Name of referral health facility (Hospital/CHC):				
Name of Referral Social Development Facilities				
Name of Nearest Police Station				
Name of Supporting Partners/NGOs:				

	Name	Contact Address	Telephone/Cell	AYFS Services/Involvement/Comments
Names of the Community Leadership/King /Induna/ Municipal /Counsellors:				
Phila Mntwana Centre:				

Name of School or Tertiary Institution/FET (including special schools)	Street Address	Telephone Number	Type of School (Combined/High/Special etc)	Name of Principal	Number of enrolment

Please describe any key challenges impacting on the community you serve:

Map: Provided? YES NO NOT AVAILABLE

Name of the Facility Manager: _____ Signature: _____ Date: _____

Chair of the Clinic Committee: _____ Signature: _____ Date: _____