

Disability Annexure A

DISABILITY ASSESSMENT QUESTIONNAIRE

Applicants who are currently receiving the funding for students with disabilities do not need to submit this Annexure. Should the nature of your disability change over the term of study, and if this impacts directly on your ability to participate in your educational programme, then you will need to submit updated details and a full medical/rehabilitation report from a certified professional. Failure to provide the information requested on all pages will render this application incomplete.

Please complete in detail, in legible handwriting with certification and verification by a registered healthcare professional or disability support office (where indicated). Please see notes at the end of this document for more information regarding the completion of the form. This form should accompany your application for financial assistance if you have indicated that you have a disability. All information contained in this form will remain with the university/university of technology and/or NSFAS only and will remain confidential.

Explanation of disability:

Washington Group	Category of Disability	Description Of Disability								
Sensory Disability	Blind	No functional vision								
	Partially-sighted	Functional vision with limitations that may be reduced through the use of electronic or manual low-vision devices. (Vision cannot be fully corrected through the use of prescriptive lenses)								
	Deaf (capital D)	Little or no hearing: generally makes use of South African Sign Languages (SASL) and typically subscribes to Deaf Culture								
	deaf (lower case d)	Little or no hearing, do not make use of Sign language as a medium of communication, makes use of various means of communication such as speech, speech reading/cochlear implants or a combination of these. Aligns with impairment/disability and the hearing world.								
	Hearing Impaired	None, little or some hearing: generally makes use of appropriate hearing technology e.g. Cochlear Implants, Hearing Aids, and other assistive listening/living devices and typically uses verbal communication. Align themselves with impairment and the hearing world.								
	Hard of Hearing	Persons with different degrees of hearing loss, who do not align with impairment and disability.								
	Deaf-Blind	No functional vision and no hearing								
Specific Learning / Developmental Disability	Neurodevelopmental Disabilities	Intellectual Disabilities Communication Disabilities, Language and Speech Disability (e.g. stuttering), Autism Spectrum Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Specific Learning Disabilities								
Psychosocial / Psychiatric Disabilities	Psychosocial Disability	Such as Depression, Schizophrenia								
Physical Disability	Physical Disability	Loss of a limb or makes use of crutches, Wheelchair User, Person with Cerebral Palsy								
	Chronic Illness	A long standing medical condition /illness that affects daily functioning. Such as Chronic Heart Condition, Chronic Diabetes Cancer								
Any disability not mentioned above	Give details	Any disability not mentioned above								
Physical Disability of a Temporary Nature	Temporary Disability: disability not longer than 6 months	Physical Disability of a Temporary Nature								

r Call NSFAS on 08000 67327

You may also visit your nearest university/TVET college financial aid office for assistance.

NSFAS National Student Financial Aid Scheme

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FIRST NAMES (in full, as per your ID document)																					
SURI	SURNAME (as per your ID document)																				
YOUR ID NUMBER																					

Disability information:

This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiotherapist, disability unit head), who can confirm the disability status of the student and state what support the student requires and how the student would benefit from the support proposed.

Please indicate the type of disability See the table overleaf for information	r in the section below. In and explanation of the disabilities.	(please mark with an X)
Blind	deaf	Deaf-Blind
Chronic Illness	Deaf	Hard of Hearing
Hearing Impaired	Physical Disability	Neurodevelopmental Disabilities
Partially-Sighted	Psychosocial Disabilities	Any other Disability

Please provide further details if you have a disability not mentioned above: (please give detailed explanation and provide a medical report from a medical practitioner)

5	o-developmental disability - plea or Psychiatrist will need to be p		equired (a detailed rep	port, not older than 3 years fr	om a

Chronic Illness - please describe the nature of the support required by the student (a detailed recent medical report from a registered medical practitioner will need to be provided to support this application explaining how the condition impacts on the teaching and learning process of the student).

Details of Practitioner: (if completed by the University/College Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accompany this form where appropriate)

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SIGNATURE

ORGANISATION STAMP