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### 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	<b>Blind</b>	No functional vision
	<b>Partially-sighted</b>	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)
	<b>Deaf (capital D)</b>	Little or no hearing: generally makes use of South African Sign Languages (SASL) and typically subscribes to Deaf Culture
	<b>deaf (lower case d)</b>	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.
	<b>Hearing Impaired</b>	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.
	<b>Hard of Hearing</b>	Persons with different degrees of hearing loss, who do not align with impairment and disability.
	<b>Deaf-Blind</b>	No functional vision and no hearing
Specific Learning / Developmental Disability	<b>Neurodevelopmental Disabilities</b>	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	<b>Psychosocial Disability</b>	Such as Depression, Schizophrenia
Physical Disability	<b>Physical Disability</b>	Loss of a limb or makes use of crutches, Wheelchair User, Person with Cerebral Palsy
	<b>Chronic Illness</b>	A long standing medical condition /illness that affects daily functioning. Such as Chronic Heart Condition, Chronic Diabetes Cancer
Any disability not mentioned above	<b>Give details</b>	Any disability not mentioned above
Physical Disability of a Temporary Nature	<b>Temporary Disability: disability not longer than 6 months</b>	Physical Disability of a Temporary Nature



# NSFAS

National Student Financial Aid Scheme

YOUR ID NUMBER

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## Disability Annexure A

**FIRST NAMES (in full, as per your ID document)**

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**SURNAME (as per your ID document)**

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**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 in the section below. See the table overleaf for information 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)

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Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psychologist or Psychiatrist will need to be provided to support this application).

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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).

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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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**DATE**

Y	Y	Y	Y	M	M	D	D
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**SIGNATURE**

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**ORGANISATION STAMP**

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