

YOUR ID NUMBER													

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									

rEmail us info@nsfas.org.za

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



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Disability Annexure A

FIRST NAMES (in full, as	s per yo	ur ID	docun	nent)					I				1	Т	T			Τ			
SURNAME (as per your	ID docu	ment))														1	1		1		
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Disability information This section could be coptometrist, physiother requires and how the s	ompleto apist, d	isabil	ity uni	it he	ad), who	can co	onfi	rm the	disa													
Please indicate the type of di See the table overleaf for info					he disabilitie	es. (I	pleas	se marl	k with	an X)												
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Chronic Illness		Dea	ıf				ī	Hard o	f Hea	ring												
Hearing Impaired		-	sical D			\perp	<u> </u>	Neurod				abilit	ies									
Partially-Sighted		Psy	chosoc	cial D	Disabilities		A	Any oth	ner Di	sability	/											
Please provide further det medical practitioner)	ails if yo	u hav	e a disa	abilit	y not men	tioned	abo	ve: (ple	ease g	give de	etailed	l expl	anat	ion ar	nd prov	∕ide a	medio	cal rep	oort fro	om a		
Psychosocial and neuro-cregistered Psychologist or												quirec	I (a d	detaile	ed repo	ort, no	t older	r than	3 yea	rs fro	om a	
Chronic Illness - please d will need to be provided to																					actiti	one
Details of Practitioner: (if medical reports required in									OU), tł	nis for	m mu	st be	com	pleted	l by the	e Hea	d of th	ne Uni	t. The	add	itiona	al
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