

YOUR	D NUM	BER					

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.

sability information: Is section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe it 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 lease indicate the type of disability in the section below, the student requires and how the student would benefit from the support death of the student requires and how the student would benefit from the support death of the student requires and how the student would benefit from the support death of the student requires and how the student would benefit from the support death of the support requires and how the student would benefit from the support the student requires and how the student would benefit from the support what is support to the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support what is support to the student requires and how the student would benefit from the student what support requires and how the student would benefit from the student what support requires and how the student would benefit from the student what support requires and how the student would benefit from the student what support requires and how the student requires and how the student would benefit from the student would benefit	RNAME (as per your ID document) sability information: Is section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe theal), 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 lease indicate the type of disability in the section below. (please mark with an X (pl	RST NAMES (in																				
Isability information: his section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe nit 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 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 Hearing Impaired Physical Disabilities Psychosocial Disabilities Any other Disabilities Chronic Illness Deaf Hard of Hearing Partially-Sighted Psychosocial Disabilities Any other Disability Lease provide further details if you have a disability not mentioned above: (Please give detailed explanation and provide a medical report from a medical practitioner) sychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog lill need to be provided to support this application).	isability information: his section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothen the feat, 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 in the student requires and how the student would benefit from the support in the student requires and how the student would benefit from the support in the student requires and how the student would benefit from the support in the student requires and how the student would benefit from the support in the student requires and how the student would benefit from the support with an X (please mark with an X (pleas		full, as per	r your ID d	ocumer	nt)																
This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe mit 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 provided to support the student requires and how the student would benefit from the support provided to support the student requires and how the student would benefit from the support state what support the student requires and how the student would benefit from the support provided to support the student requires and how the student would benefit from the support the student requires and how the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support the student requires and how the studen	Disability information: his section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothem in the add, who can confirm the disability situs of the student and state what support the student requires and how the student would benefit from the support in the student requires and how the student would benefit from the support see the lable overteaf for information and explanation of the disabilities. (please mark with an X (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) 1 Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psychologial need to be provided to support this application). 2 Possible of Practitioner: (If completed by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit.																					
Disability information: This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe 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 see 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 Hearing Impaired Physical Disabilities Neurodevelopmental Disabilities Chronic Illness Deaf Hard of Hearing 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) Paychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application).	Disability information: This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothan thead), 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 state in the student would benefit from the support state what support the student requires and how the student would benefit from the support seems and how the student would benefit from the support seems and how the student would benefit from the support seems and how the student would benefit from the support seems and how the student would benefit from an accordance with an X (please mark with an X (please	SURNAME (as pe	r vour ID de	ocument)																		
This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe 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 see the table overleaf for information and explanation of the disabilities. Please indicate the type of disability in the section below. See the table overleaf for information and explanation of the disabilities. Blind	This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothanit heady, 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 provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support required and student requires and how the student would benefit from the support required (a physical Disability Neurodevelopmental Disabilities Neurodevelopmental Disabilities Neurodevelopmental Disabilities Partially-Signted Part																					Π
This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothe 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 see the table overleaf for information and explanation of the disabilities. Please indicate the type of disability in the section below. See the table overleaf for information and explanation of the disabilities. Blind	This section could be completed by a certified, professionally registered medical doctor or other appropriately qualified professional viz. optometrist, physiothanit heady, 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 provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support provides and the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support the student requires and how the student would benefit from the support required and student requires and how the student would benefit from the support required (a physical Disability Neurodevelopmental Disabilities Neurodevelopmental Disabilities Neurodevelopmental Disabilities Partially-Signted Part																					
Blind deaf Deaf-Blind Hearing Impaired Physical Disability Neurodevelopmental Disabilities Chronic Illness Deaf Hard of Hearing 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) Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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.	Blind deaf Deaf-Blind Hearing Impaired Physical Disability Neurodevelopmental Disabilities Partially-Sighted Practially-Sighted Provided to support from a medical practitioner will need to be provided to support this application). Chronic Illness Peychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psychologomal need to be provided to support this application). 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 publication explaining how the condition impacts on the teaching and learning process of the student). Details of Practitioner: (if completed by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accomplete the transfer of the Unit. The additional medical reports required must accomplete the transfer of the Unit. The additional medical reports required must accomplete the transfer of the Unit. The additional medical reports required must accomplete the transfer of the Unit. The additional medical reports required must accom	This section cou unit head), who	ld be com can confir the type	m the disa of disabili	ability s ty in th	etatus of the	e stude below.	ent and	d state wl													
Chronic Illness Deaf Hard of Hearing 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) Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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.	Chronic Illness Deaf Hard of Hearing 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) Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application).		Vondar 10	· imormat		э охранан	011 01 1		abiiiti00.										(plea	se mark	k with a	an X)
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) Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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.	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) Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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 p this application explaining how the condition impacts on the teaching and learning process of the student). Details of Practitioner: (if completed by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit.	Blind	d	leaf		Deaf-Blind			Hearing I	mpaired		Physic	al Disab	ility			Neuro	develop	omental	Disabili	ties	
Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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.	Psychosocial and neuro-developmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a registered Psycholog will need to be provided to support this application). 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 pthis application explaining how the condition impacts on the teaching and learning process of the student). Details of Practitioner: (if completed by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accompleted to the support required to the support required must accompleted by the Head of the Unit. The additional medical reports required must accompleted by the Head of the Unit. The additional medical reports required must accompleted to the Unit.	Chronic Illness		Deaf		Hard of Hea	aring		Partially-	Sighted		Psych	osocial D	Disabilit	ies		Any ot	her Dis	ability			
is application explaining how the condition impacts on the teaching and learning process of the student).	etails of Practitioner: (if completed by the Disability Unit (DU), this form must be completed by the Head of the Unit. The additional medical reports required must accomp						e descri	be the	nature of	the supp	oort req	uired (a c	etailed i	report,	not ol	der tha	ın 3 ye	ars fro	m a reg	istered	Psych	iolog
		this application experience of the second of	xplaining h	ow the co	ndition	impacts on	the tea	ching a	and learnii	ng proce	ess of th	e studen	t).									
Please give details as to how the support requested will benefit the student (this section to be completed by the DU):	Please give details as to how the support requested will benefit the student (this section to be completed by the DU):	Details of Practities where appropriate	oner: (if co	mpleted by	y the Di	sability Uni	it (DU), t	this for	m must b	e comple	eted by	e studen	of the U	Jnit. Th								

DATE									
SIGNATURE									
	_			ORGA	NISATIO	ON STA	MP		

YOUR ID NUMBER

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



Call NSFAS on 08000 67327

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

For information on where to drop your form, please contact NSFAS or the NYDA head office on 0800 52 52 52

NYDA Bloemfontein Branch GF Shop 125, Sanlam Plaza, Cnr Maitland and East Burger Street, Bloemfontein

NYDA Cape Town Branch Shop P 18a Piazza (Landmarks: African Bank & Sanlam), Golden Acre, Adderley Street, Cape Town

NYDA Durban Branch Ground Floor, Smart Exchange Building, 5 Walnut Road (Cnr. Dr. AB Xuma) , Durban

NYDA East London Branch
NYDA eMalahleni Branch
NYDA Empangeni Branch

NYDA Johannesburg Branch 17 Diagonal Street, Old JSE Building, Ground Floor, Newtown, Johannesburg

NYDA Kimberley Branch
NYDA Polokwane Branch
Old Telkom Building, 64-70 De Toit Span Building, Kimberley
NYDA Polokwane Branch
60 Schoeman Street, Shop 10, Crescent Building, Polokwane

NYDA Port Elizabeth Kwantu Towers, Ground floor, Govern Mbeki Avenue, Market Square, Port Elizabeth

NYDA Rustenburg Branch
NYDA Secunda Branch
NYDA Secunda Branch
Shop no2, Game Park Centre, Horwood Street, Secunda

NYDA Thulamela Branch
NYDA Tshwane Branch
Thulamela Information Center, Punda Maria Road, Thohoyandou
A29 Shoburg Building, Stanza Bopape Street

NYDA Nelspruit Branch

Office no 7 & 8 Imbizo Place, Samora Machel Drive, Mbombela

NYDA Soweto Branch 2127 Old Potchefstroom Road, Klipspruit, Soweto