



# NSFAS

National Student Financial Aid Scheme

APPLICANT ID NUMBER

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## Disability Annexure



To be completed in detail with legible handwriting and in black ink. No correction fluid to be used. Corrections to be initialed by all parties. **This form is to be completed in CAPITAL LETTERS.**



Please ensure that the medical report is merged with this disability annexure when you create a file to submit with your application.

### DISABILITY ASSESSMENT QUESTIONNAIRE

Applicants with a disability must complete this Annexure. Applicants who are currently receiving 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 and registered professional.

This form must be completed by a certified and registered healthcare professional or disability support office (where indicated). 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/ TVET College and/or NSFAS only, and will remain confidential. Failure to provide the information requested on both pages will render this application incomplete.

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



Call NSFAS on 08000 67327

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



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APPLICANT ID NUMBER

Grid for Applicant ID Number

Disability Annexure



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FIRST NAMES (in full, as per Applicant ID document)

Grid for First Names

SURNAME (as per Applicant ID document)

Grid for Surname

Disability information:

This section must be completed by a certified, registered medical practitioner or other appropriately qualified professional viz. Optometrist, physiotherapist, disability unit head, etc.

Please mark with an X the type of disability in the section below (see the table on page 1 of 2 for information and explanation of these disabilities). Kindly provide a medical report to support the application, explaining how the condition impacts on the teaching and learning process of the applicant and state the support the applicant requires (human and/or assistive devices) to facilitate the teaching and learning of the applicant.

Table with 3 columns and 2 rows of disability categories: Blind, Chronic Illness, deaf, Deaf-Blind, Hard of Hearing, Hearing Impaired, Partially Sighted, Physical Disability, Psychosocial Disabilities, Neurodevelopmental Disabilities, Any other Disability.

Please provide details if the applicant has a disability not mentioned above: Kindly provide a medical report to support the application, explaining how the condition impacts on the teaching and learning process of the applicant and state the support the applicant requires (human and/or assistive devices) to facilitate the teaching and learning of the applicant.

Large text box for additional disability details

Psychosocial and neurodevelopmental disability - Kindly provide a medical report to support the application, explaining how the condition impacts on the teaching and learning process of the applicant and state the support the applicant requires (human and/or assistive devices) to facilitate the teaching and learning of the applicant.

Large text box for psychosocial and neurodevelopmental disability details

Chronic Illness - Kindly provide a medical report to support the application, explaining how the condition impacts on the teaching and learning process of the applicant and state the support the applicant requires (human and/or assistive devices) to facilitate the teaching and learning of the applicant.

Large text box for chronic illness details

Details of Practitioner (Including practice number, contact details,etc): (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).

Large text box for practitioner details

DATE OF SIGNATURE

Grid for Date of Signature (YYYYMMDD)

Signature of Health Practitioner/ DU Head

Health Practitioner/Organisation Stamp