



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.

DISABILITY ASSESSMENT QUESTIONNAIRE

Applicants with a disability must complete this form. 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. Applicants who are currently receiving funding for students with disabilities do not need to submit this Annexure.

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



Call NSFAS on 08000 67327

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

APPLICANT ID NUMBER

[illegible]

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

[illegible]

SURNAME (as per Applicant ID document)

[illegible]

Disability information:

This section must be completed by a certified, registered medical practitioner 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 the applicant has a disability not mentioned above: (please give detailed explanation and provide a medical report from a certified and registered medical practitioner).

Psychosocial and neurodevelopmental disability - please describe the nature of the support required (a detailed report, not older than 3 years from a certified and registered Psychologist or Psychiatrist 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 certified and 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 (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).

DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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SIGNATURE OF HEALTH PRACTITIONER/ DU HEAD

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HEALTH PRACTITIONER/ORGANISATION STAMP