



NSFAS

National Student Financial Aid Scheme

MEDICAL ASSESSMENT DISABILITY QUESTIONNAIRE

ANNEXURE A

Department of Higher Education and Training bursary for applicants with disabilities Agreement in respect of assistive devices.

If you have a disability and wish to apply for financial aid, you must complete this form.

Previously funded applicants do not need to submit this medical report. 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).

The completion of this Annexure must be done by a medical practitioner / rehabilitation professional. Please see notes at the end of this document for more information regarding the completion of the form is compulsory.

All information contained in this form will remain with the university/university of technology and/or NSFAS only and will remain confidential.





Your ID Number														
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APPLICANT DETAILS

ID Number													
First name							Surname						
Student number							Date of birth						

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 disability in the section below. Please see the table overleaf for information and explanation on the disabilities listed below

Partially-Sighted	
Blind	
Hearing Impaired	
Hard of Hearing	
Deaf	
deaf	
Chronic Illness	
Physical Disability	
Psychosocial Disabilities	
Deaf-Blind	
Neurodevelopmental Disabilities	



Your ID Number														
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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 - a detailed report, not older than 3 years from a registered Psychologist or Psychiatrist will need to be provided to support this application.

Chronic Illness – 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.



Your ID Number														
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Details of Practitioner: (if completed by the Disability Unit, this form must be completed by the Head of the Unit. The additional medical reports required must accompany this form where appropriate)

Please give details as to how the support requested will benefit the student.
(this section to be completed by the DU):

Your ID Number																			
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.....
Name

.....
Date

.....
Signature

<p>Organisation Stamp</p>

HEDSA Disability Coding Framework

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.

Your ID Number																				
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	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