

**Medical Assessment  
Questionnaire: Disability**

**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.

**The completion of this Annexure 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.**

Applicant Name (title, surname, first name):.....

Identity Number: 

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Contact numbers:(h)..... (cell).....

Email.....

The following sections must be completed by a registered medical practitioner or rehabilitation professional (on- or off-campus):

Name of medical practitioner/rehabilitation professional:.....

Name of medical practice/hospital:.....

Please indicate if  state  private

Practice number (if in private practice):.....

HPCSA registration number:.....

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

**PLEASE INDICATE THE FOLLOWING (FOR OFFICE PURPOSES ONLY):**

Is the applicant currently receiving a disability grant/care dependency grant?  Yes  No

Has the applicant made application for a grant?  Yes  No

Is the applicant on a medical aid? (as main member or dependent)  Yes  No

**GENERAL STUDENT/CLIENT DETAILS:**

Diagnosis:.....

.....

.....

.....

Has the condition been present since birth?  Yes  No

If not, please indicate date and reason for onset:.....

.....

.....

Present symptoms/defining features: .....

.....

.....

.....

Prognosis:.....

.....

.....

.....

*(please indicate if condition is likely to deteriorate or improve over the next 3 – 5 years, and if so, how this will impact on the applicant)*

**CLINICAL SUMMARY:**

(Please include relevant investigations, reports, interventions – both surgical and non-surgical/rehabilitative):

.....

.....

.....

.....

.....

Special needs with respect to assistive devices, or other:.....

.....

.....

.....

Is the applicant on medication?  Yes  No

If yes, will this need to be continued while studying, and is it self-administered?.....

.....

.....

What is the applicant's level of dependence in respect of the following aspects:

	Totally dependent	Assistance required	Supervision	Independent
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have there been any rehabilitation interventions specifically in the past?  Yes  No

Please provide further details (treatment given, progress made, period of treatment).....

.....

.....

.....

Did the applicant attend a special school and receive rehabilitation while at school?  Yes  No

If so, which school and what was the nature of the programme?.....

.....

.....

Name of current physiotherapist/occupational therapist:.....

Contact details:.....

.....

Is the applicant a wheelchair user?  Yes  No

If yes, is this self-propelled or does the applicant require support to use wheelchair?

Can the applicant transfer in/out of the wheelchair  independently or  with physical help?

Ownership of the wheelchair:  bought  renting  on loan  state hospital  other

Does the applicant require any other additional mobility assistive devices?

If yes, please provide additional details:  Yes  No

.....

.....

.....

Is the applicant using hearing aids?  Yes  No

If yes, please give a short description of the hearing aids currently being used by the applicant:.....

.....

.....

Name of current audiologist:.....

Contact details:.....

Is the applicant using any other communication devices?  Yes  No

If yes, please give a short description of the communication devices currently being used by the applicant:

Name of current speech therapist:.....

Contact details:.....

Is the applicant using glasses or other visual aids?  Yes  No

If yes, please give a short description of the visual aids (glasses or other) currently being used by the applicant:

Name of optometrist/eye specialist:.....

Contact details:.....

**FINAL DIAGNOSIS AND RECOMMENDATIONS:**

(Applicant name).....is identified as having (diagnosis).....which is a disability/impairment that is physical/visual/hearing/communication (please delete whichever relevant) in nature, and this disability/impairment is long-term, recurring and substantially limiting.

His/her application for financial aid for applicants with disabilities is supported through the medical history, interventions and information contained in this brief report. In addition, it is recommended that consideration be given to the provision of required assistive devices (as indicated).....within the maximum amounts allowable through the bursary scheme.

.....  
Name

.....  
Date

.....  
Signature

Stamp:  
Medical practice/hospital

**ANNEXURE B**



**higher education  
& training**

Department:  
Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HIGHER EDUCATION AND TRAINING BURSARY FOR STUDENTS  
WITH DISABILITIES AGREEMENT IN RESPECT OF ASSISTIVE DEVICES**

All applicants with disability who are applying for financial aid from NSFAS are required to complete this agreement. The agreement commits the applicant to full responsibility for the purchasing of the approved assistive device and the proper use/safekeeping of the assistive device. Applicants must understand that should there be any indications of the misuse of the funds allocated for assistive devices, further action will be taken which may result in the withdrawal of bursary support.

**APPLICANT DETAILS**

ID number:

Applicant name (title, surname, first name):.....

Contact numbers:

(h)..... (cell).....

**NATURE OF THE DISABILITY**

Diagnosis:.....

Assistive device/s required:.....

**APPLICANT DECLARATION:**

I hereby request that the following assistive devices are approved for purchase to ensure full participation in the educational programme at this University / College. In addition, I hereby agree that the purchase of these assistive devices through the financial aid bursary programme have been approved at the costs quoted below:

Assistive Device(s)	Quoted Cost (indicate if any discount will be applicable)	Recommended Supplier

I acknowledge that.....(name of financial aid applicant) will undertake to provide NSFAS with supporting documents (quotation/proforma invoice or invoice) as proof of the assistive devices purchase.

I commit to the following:

- To purchase only those items which have been approved as listed above (not to use the funds for any other equipment not listed above), and to make this purchase at the quoted/discounted price
- I accept that NSFAS will only fund the maximum amount of R 27 951

SIGNED BY (name of the applicant).....

at (place).....this.....day of.....20.....

Applicant signature

Parent/Guardian signature (\*)

(\*) any applicant under the age of 18 years must obtain the assistance and signature of his/her parent or legal guardian.

Duly authorise thereto:

Name:..... Designation:.....

As witnesses:

Name:..... Signature:.....

Name:..... Signature:.....

Funding for assistive devices follows the same approval process as for financial aid. The funding status for financial aid for required assistive devices will be combined into one communication to you.

- Will only be reimbursed if you are successful with your application. NSFAS requires proof in the form of an invoice.
- If you are planning to purchase any assistive devices prior to receiving approval for financial aid from NSFAS, you should submit a quotation or proforma invoice to motivate the cost of the device. You are encouraged to source your assistive device through the university or FET college.
- If you are successful in your application for financial aid and you've received notice of the final approval amount from NSFAS, you are encouraged to source your assistive devices from designated vendors or through the applicant disability unit at the university or FET college. The university or FET college can purchase the assistive device on your behalf with the necessary documentation.
- You can contact the NSFAS contact centre or visit your university or FET college FAO for any guidance on assistive device vendors.