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| **CONFIDENTIAL** |



**NELSON MANDELA METROPOLITAN UNIVERSITY**

**DISABILITY UNIT**

**STUDENT DISABILITY INFORMATION AND REASONABLE ACCOMMODATION REQUEST FORM**

**\* This form is sent to you in collaboration with the Registrar’s Division.**

*NB! This form is regarded as confidential. However, in order to communicate the necessary information to the relevant faculties and departments so that proper support is given, we need your permission.*

**Do you give your permission? Yes / No**

Signature … ...................................................... Date: …………………………

***Dear applicant***

On your application to NELSON MANDELA METROPOLITAN UNIVERSITY you indicated that you have a disability.

At the DISABILITY UNIT, we aim to support you in order to assist you to fulfil your academic potential.

Please complete the questions below and attach copies of **MEDICAL AND/OR PSYCHOLOGICAL PROOF OF YOUR CONDITION, OR CERTIFICATES OR STATEMENTS FROM SCHOOLS OR EDUCATION DEPARTMENTS (OR ANY OTHER PROOF).**

**PLEASE RETURN THIS FORM TO:**The Disability Unit  
Student Affairs Division  
University Way  
Summerstrand  
or   
The Disability Unit  
PO Box 77000  
Port Elizabeth  
NMMU  
6013.   
  
You can also hand deliver the form in a sealed envelope to Room 03, Ground Floor, Building 7, South Campus.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Surname |  | | | | |
| Student Number |  | | | | |
| Gender | MALE FEMALE | | | | |
| Race | AFRICAN WHITE COLOURED INDIAN  Other: pls specify | | | | |
| CONTACT DETAILS | CELL NUMBER NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Course |  | | | | |
| Faculty | ARTS SCIENCE EDUCATION BUSINESS & ECONOMIC SCIENCES  ENG/BUILT ENVIRON/ IT HEALTH SCIENCES | | | | |
| CAMPUS | SOUTH NORTH 2ND AVENUE  MISSIONVALE GEORGE | | | | |
| DISABILITY | LEARNING DIFFICULTY VISUAL PHYSICAL  EMOTIONAL SENSORY CHRONIC  HEARING MULTIPLE DISABILITIES | | | | |
| DISABILITY DESCRIPTION: *Please indicate what your diagnosed disability or condition is and whether the disability is stable, progressive, or fluctuating permanent/on-going or if the disability needs to be reassessed periodically (specify time period if possible)* | | | | | |
| Indicate plans for ongoing support and monitoring of your condition where applicable | | | | | |
| Temporary disability condition: a statement specifying the time period of the temporary illness or disability | | | | | |
| Are you a member of a medical aid? | | Yes |  | No |  |
| Are you receiving a social grant? | | Yes |  | No |  |
| If no, are you applying or in the process of applying for a grant?  If not, indicate the reason for not applying. | | | | | |
| Enrolled students, please provide names of lecturers | | | | | |

**KINDLY COMPLETE THE FOLLOWING REGARDING REASONABLE ACCOMMODATIONS THAT YOU HAVE RECEIVED FROM PREVIOUS INSTITUTIONS OR MAY REQUIRE FROM NMMU.**

**Own provision refers to the support you will provide for your self e.g. spectacles, NMMU refers to the support that you expect from NMMU and Other Institution refers to the support you receive from another institution or other form of support e.g. sponsorship, State hospital, bursary etc**

| **TYPE OF REASONABLE ACCOMMODATION** | ***SOURCE*** | | |
| --- | --- | --- | --- |
| **OWN PROVISION**  *STATE THE COST* | **NMMU** | **OTHER INSTITUTION**  *STATE THE COST* |
| **RESIDENCE (R)** |  |  |  |
| *R1 – Ground floor accommodation* |  |  |  |
| *R2 – Safety and security* |  |  |  |
| *R3 – Computer facility* |  |  |  |
| *R4 – Landline phone with network connection in the room* |  |  |  |
| *R5 – SINGLE ROOM/ ENOUGH ROOM SPACE* |  |  |  |
| R6 – PROPER/BETTER LIGHTING |  |  |  |
| **Assistive Devices** (**AD** ) |  |  |  |
| *AD1 – Desktop/computer/laptop* |  |  |  |
| *AD2 – Magnification hardware/software/MERLIN* |  |  |  |
| *AD3 – Tape/CD recorder* |  |  |  |
| *AD4 - Printer* |  |  |  |
| *AD5 – Spectacles* |  |  |  |
| *AD6 – Hearing devices (dictaphone, FM receiver, etc)* |  |  |  |
| *AD7 – Braille* |  |  |  |
| *AD8 –Wheelchair* |  |  |  |
| *AD9 –Scribes* |  |  |  |
| *AD10 – Walking frame* |  |  |  |
| *AD11 – Own desk* |  |  |  |
| **Lecture Room/ Practical** (**LRP**) |  |  |  |
| *LRP1 – Sit in front of the class* |  |  |  |
| *LRP2 – Lectures on cassette or CD/memory stick/electronic* |  |  |  |
| *LRP3 – Enlarged notes (e.g. overhead projector)* |  |  |  |
| *LRP4 – Clear indications of course materials needed* |  |  |  |
| *LRP5 – Repeating the questions clearly and loudly* |  |  |  |
| *LRP6 – Quiet or low disturbance in the environment* |  |  |  |
| *LRP7 – Notes in advance* |  |  |  |
| *LRP8 – Use of microphone inside the class* |  |  |  |
| ***Test and Examination Time*** *(****TET****)* |  |  |  |
| *TET1 – Enlarged text font of the exams or test papers* |  |  |  |
| *TET2 – Extra Time* |  |  |  |
| *TET3 – Exams should be via computer* |  |  |  |
| *TET4 – Clear and precise directions to any venue* |  |  |  |
| ***General Infrastructure*** *(****GI****)* |  |  |  |
| *GI1 – Secure environment at the university* |  |  |  |
| *GI2 – Access to locked/unlocked doors* |  |  |  |
| *GI3 – Accessible terrain* |  |  |  |
| *GI4 – Marked stairs and walkways* |  |  |  |
| *GI5 – Better campus signage* |  |  |  |
| *GI6 – Better Lighting* |  |  |  |
| *GI7 – Lifts and ramps* |  |  |  |
| *GI8 – Access to electricity during lectures* |  |  |  |
| **Human Support** (**HS**) |  |  |  |
| *HS1 – Support and guidance mentor* |  |  |  |
| *HS2 – Assist in typing of assignments or research* |  |  |  |
| *HS3 – Clear and correct information supplied by staff and lecturers* |  |  |  |
| *HS4 – A reader* |  |  |  |
| *HS5 – Note-takers* |  |  |  |
| *HS6 – Moral support and understanding from the lecturer and university* |  |  |  |
| *HS7 – Medical assistance (e.g. regular dressings)* |  |  |  |
| *HS8 – Subject tutor* |  |  |  |
| *HS9 – Invigilator* |  |  |  |
| **Study and reading materials in alternative format** (**SRMAF**) |  |  |  |
| *SRMAF1 – Textbooks and lectures on tapes/CD* |  |  |  |
| *SRMAF2 – Enlarged format in electronic copies* |  |  |  |
| **Financial Support** (**FS**) |  |  |  |
| *FS1 – Ongoing maintenance of AD* |  |  |  |
| *FS2 – Tuition Fee* |  |  |  |
| *FS3 – Ongoing rehabilitation* |  |  |  |
| *FS4 – Transportation* |  |  |  |
| *FS5 – Meals* |  |  |  |
| *FS6 – Personal care* |  |  |  |
| *FS7 – Residence accommodation* |  |  |  |
| Please indicate any other information that is relevant to support you at university. | | | |

**Every reasonable attempt will be made to provide you with the assistance you may need as the result of your disability.**

**Disclosure**

**People with disabilities are entitled to keep their disability status confidential. But if the NMMU is not aware of the disability or the need to be accommodated, the NMMU is not obliged to provide it.**

**If the disability is not self-evident NMMU may require the applicant to disclose sufficient information to confirm the disability or the accommodation needs.**

**If you are uncertain of the best strategies for effectively dealing with your disability while studying at NMMU, please contact us at the Disability Unit at 041 5042562/2313. We also provide an orientation session with students who have disabilities. This takes place during the university’s orientation programme towards the end of January each year.**

**NB! WE RECOMMEND THAT YOU CONTACT US IN THE YEAR BEFORE YOU APPLY TO STUDY SO THAT YOU CAN FAMILIARISE YOURSELF WITH THE UNIVERSITY ENVIRONMENT. You can request an electronic copy of this form from ruth.barends@nmmu.ac.za and/or return it electronically to the same address.**