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National Student Financial

Aid Scheme

Guidelines for Students with Disabilities for the Department

of Higher Education and Training Bursary programme

2011 Academic Year

31st October 2010

2

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PART ONE: INTRODUCTION AND BACKGROUND

In 2008, the Department of Education introduced a bursary scheme for students with

disabilities studying at one of the 23 public higher education institutions. This bursary

programme was to complement the existing funding provided by the Department of Labour

under the National Skills Fund, for new and continuing students who would no longer be

supported by the decreasing funding from the Department of Labour.

This bursary programme is aimed at providing financial support for students with

disabilities who are financially needy and academically able. It is intended to open

opportunities for further study in higher education and provide the necessary additional

teaching and learning (curriculum) support for students to overcome any barriers to

learning which have resulted from their disability.

A.

Who is eligible for this bursary?

New and continuing students who have been accepted for admission at one of the public

higher education institutions may apply for the bursary, on the following conditions:

1.The student is enrolled for their first under-graduate degree or diploma, or a post-

graduate professional qualification as recognized by NSFAS (in the NSFAS manual)

as a requirement for employment in a professional field;

2.The student is a continuing student funded previously by the Department of

Labour or the Department of Education in 2008 and 2009;

If the student has not been previously funded by the Department of Labour or Education in

prior years, but is applying for financial aid for the first time, the following conditions

apply only:

3.This is regardless of field of study, on the condition that the programme is an

accredited programme for higher education;

4.Are academically able (as per the institutions’ academic admission requirements

AND through ongoing annual monitoring of student performance once enrolled in

the programme of choice)’

5.Whose primary disability is regarded as an impairment which is long-term,

recurring and substantially limiting (a more robust definition of disability will be

provided in the document, and it is against this that the eligibility of students

must be weighed);

6.Are financially needy as determined by the NSFAS financial means test.

Students may combine this bursary award with a NSFAS loan should the allocation made to

the institution not be sufficient to cover the costs of study.

B.

Defining disability for the purposes of this bursary programme

There is much debate and discussion both locally and internationally on how to most

accurately capture the essentials in a definition of disability. The definition provided

above originates from the Employment Equity Act 55 of 1998. The following detail should

be read in conjunction with this definition:

““Long-term” means the impairment has lasted, or is likely to persist, for at least twelve months.

A short-term or temporary illness or injury is not an impairment which gives rise to a disability.

A “recurring” impairment is one that is likely to occur again. A progressive condition is one that is

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likely to develop or change or recur. People living with progressive conditions or illnesses are

considered as people with disabilities once the impairment starts to be substantially limiting.

An “impairment” may be physical or mental. A “physical” impairment implies a partial or total loss

of a bodily function or part of the body. It includes sensory impairments such as being deaf,

hearing-impaired, and blind, etc. “Mental” impairment refers to a clinically recognised condition

or illness that affects a person’s thought processes, judgment or emotions.

An impairment is “substantially limiting” if it imposes considerable difficulty on the person

performing the essential functions of a job and this is determined by considering the extent,

duration and impact of the impairment. If a person has several conditions, these should be

considered together to assess if their effect is substantially limiting.

It is important to note that, for the purposes of this bursary programme, this definition of

disability will NOT be read to include chronic diseases of lifestyle such as diabetes,

HIV/AIDS or other chronic medical conditions such as asthma, tuberculosis and cancer,

even though these are long-term, recurring and substantially limiting.

For this bursary programme, provision is limited to the following narrower description of

disability, that is: a permanent condition caused by an accident, trauma, genetics or

disease, which limits an individuals’ mobility, hearing, vision, speech, and

intellectual/cognitive functioning.

C.

Critical partnerships in the administration of this bursary

Best practice examples in some of South African institutions of higher education have

demonstrated that this bursary programme is administered most effectively when the

partnerships within different functional units on campus are involved.

Not only is the Financial Aid office a critical link and the NSFAS agent on campus, but the

role of the Disability Support Unit cannot be underestimated, not only in the identification

and referral of students with disabilities to the financial aid office, but also in building

links and relationships with service providers and suppliers of assistive devices, and with

owners/managers of private accommodation sites for students with disabilities. The

Academic Development Unit or Student Support Services may provide another avenue to

which to direct students with disabilities in the event of a student requiring additional

learning support, tutoring or mentoring.

In addition, the IT department at each university may be a useful resource for establishing

the availability of specialised software and hardware support for students with disabilities,

and may be able to negotiate discounted prices for the software needed by some of these

students.

PART TWO: KEY CONSIDERATIONS

Only South African students with disabilities who are able to produce valid original ID

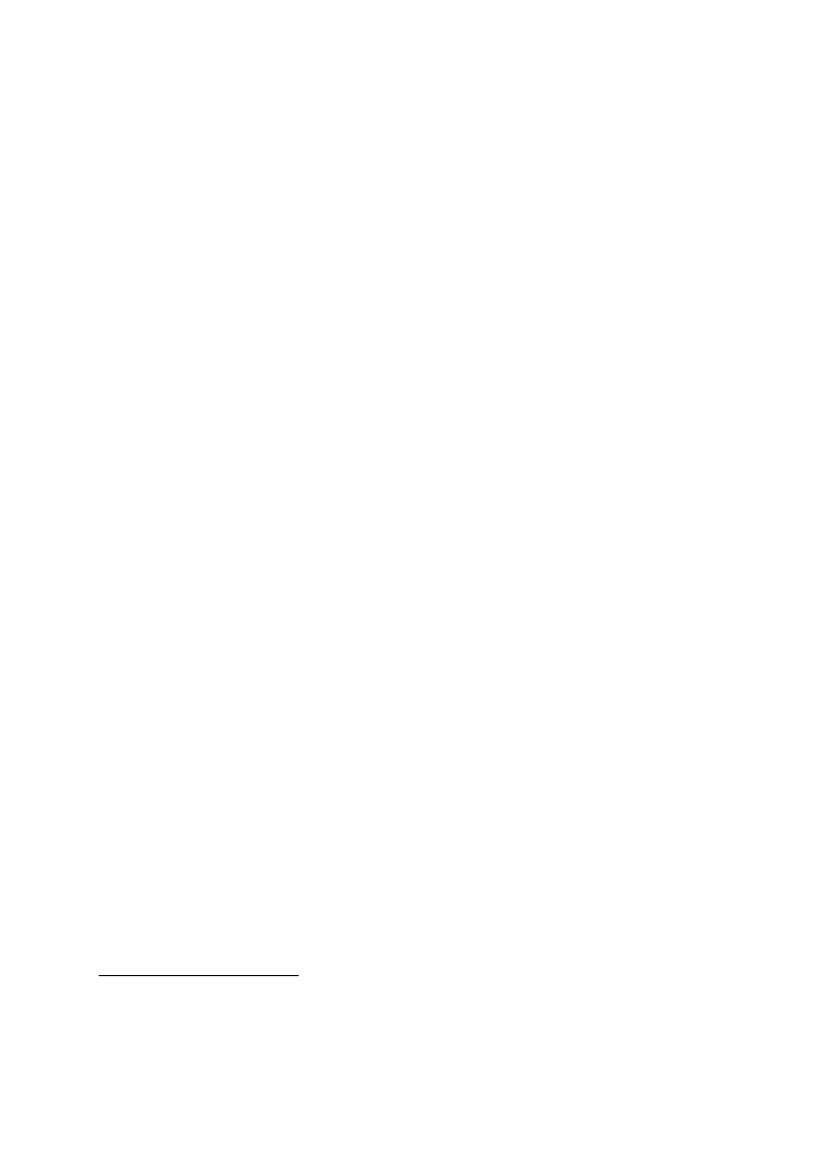
documentation will be able to apply for financial aid.

In order to assess financial eligibility, the NSFAS means test must be applied to all

applications for financial aid from students with disabilities, and students applying for

financial aid must be able to supply all relevant evidence required for assessing financial

need.

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A.

What does the bursary cover?

The bursary will cover the following (as per the cost table overleaf):

Actual registration, tuition and examination fees (“the tuition costs”) payable to

the Institution, and as charged to the student fee account;

Costs of books and other study materials prescribed by the Institution in relation to

the Qualification (“the materials costs”);

Student’s accommodation and meal costs (“the accommodation costs”)1;

Student transportation guidelines (read under “the accommodation costs”)

The costs of providing an assistive device to the Student (as per the schedule/cost

table attached to this document); and

With the exception of cases where no other means of cash payment are possible (as

is determined in the NSFAS Manual (item 5.1), no cash shall be placed in the hands

of students.

It is important to note and recognise that in cases or examples where this policy is silent,

that the NSFAS Manual to Higher Education Institutions serves as the base reference and

guideline.

B.

What are the key parameters for the bursary?

The following key parameters for the awarding of the bursary must be considered:

1. The minimum time of completion for undergraduate studies remains as the number

of years for completion of the qualification (as determined by the institution’s

academic faculties) plus an additional two years (N+2);

2. Beneficiaries of the bursary are required to work in South Africa for a specified

period after completion of their studies. Should the beneficiary of the bursary be

unable to find employment in South Africa within a 3 month period post-

completion, the student must apply in writing to NSFAS for a fair exit clause/buy-

out clause to be considered (buy-out clause – or fair exit clause); and

3. The maximum and minimum award sizes applicable to all NSFAS loan awards applies

to this bursary, but excludes any value in addition for the cost of an assistive device

up to a maximum of R21 000 in any one year.

C.

Special provision: Assistive devices

For students with disabilities, an assistive device should be used to encourage as far as

possible, that the student experience is no harder for a student with a disability, than that

of students with no disabilities. The purpose of the assistive device is therefore not only

to improve the quality of life of the student with the disability and reduce the costs of

dependency and care, but also to enhance the prospect of employment and participation

within the economy that is facilitated by a higher education qualification.

The Bursary Amount will be used to assist in meeting the cost of an assistive device only if:

The Student does not already own or enjoy the use of the assistive device, whether

obtained with NSFAS funds under a prior bursary agreement, or otherwise (including

assistive devices obtainable through publicly funded hospitals, as per the

It is regarded as preferable for students to stay in a residence which is closer to facilities. If residences are

full, students should be advised to place their names on a waiting list. If the Student resides in private hired

accommodation, the Student will be responsible for paying all the costs associated with such accommodation,

and all the costs related to the Student’s meals. However, if the Student delivers to the Institution a certified

copy of a written lease agreement in respect of that accommodation, NSFAS will use the Bursary to pay a

contribution towards the Student’s accommodation costs.

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Department of Health or assistive devices provided through the publicly funded

specialised school system of the Department of Education);

Where as far as possible, the provisions of the Department of Health guidelines on

the reasonable provision of assistive devices have been considered (accepted

standards for rehabilitative support), and where the assistive device is considered

as the minimum requirements for educational support;

The Institution, whether through its disability unit or otherwise, certifies in writing

to NSFAS that the Student requires such a device in order to study for the

Qualification;

The Student, upon his/her first application for assistance, provides NSFAS (via the

financial aid office) with a certified copy of a written assessment (Annexure A)2

from a certified, professionally registered medical doctor or other appropriately-

qualified professional3, which states that the Student requires and would benefit

from the assistive device; and

Should the nature of the disability change over the term of study and the student

either no longer requires/needs additional assistive devices, then only will a

subsequent medical evaluation/review will be necessary.



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

Assistive devices are both disability-specific and person-specific, and while it is not the

intention of this policy to limit the provision of assistive devices to students studying at a

higher education institution, the bursary does limit the amount provided for assistive

devices to allow for reasonable provision, in order to ensure that as many students with

disabilities are accommodated.

D.

Processes and parameters for the provision of assistive devices

Set out in the Allowable Cost Table overleaf (under the heading “Assistive Device”) is the

maximum amount of the Bursary which is available for expenditure on assistive devices.

Under no circumstances will more than that value be paid out of the Bursary Amount

towards the costs of any assistive devices which the Student may require, unless NSFAS in

its absolute discretion decides otherwise.

The cost of an assistive device will be paid by NSFAS out of the Bursary Amount to the

institution only on receipt of an invoice or a quotation from a supplier approved by the

Institution4. It is recommended that service providers/suppliers are paid directly by the

institution on presentation of an invoice and the signed agreement in respect of assistive

devices (Annexure B). This agreement must be completed by the student and the financial

aid office once the financial aid application has been completed and approved, and before

the final schedule of particulars is sent to NSFAS. A copy of this agreement must be

attached to the schedule of particulars.

An exemplar/template of a draft written assessment questionnaire is attached as Annexure B, and

can be certified by the FAO once the student has applied for financial aid and taken to a hospital,

medical practitioner or recognised rehabilitation centre for completion. It is recommended that

where possible and practical, students consult on-campus medical support staff for this medical

report to reduce the cost and inconvenience to the student.

3Appropriately-qualified professionals include physiotherapists, occupational therapists, speech-

language therapists, audiologists, optometrists, opticians, or any other registered relevant

profession recognised by the Health Professions Council of South Africa.

4It is strongly recommended that, as far as possible, the institution obtain permission to use the

Department of Health assistive devices tender lists as a guide for authorised dealers and/or

recommended retail prices for all assistive devices supplied through the NSFAS bursary funds.

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NB: It is the responsibility of the student to look after the assistive device issued to

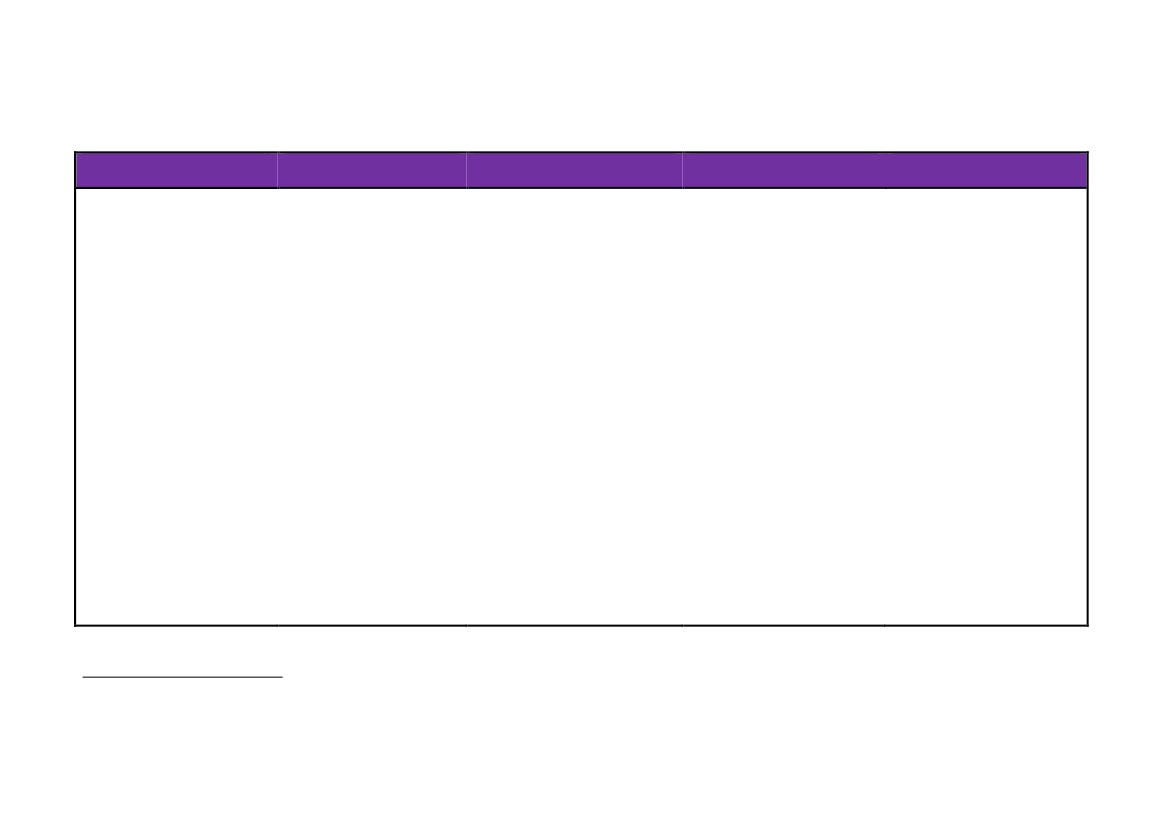
him/her, and to ensure that it is used for the purposes that it was intended for.

Irresponsibility or negligence on behalf of the student will be dealt with by the institution,

and will not be tolerated. If students transfer from one institution to another, the limit of

R21 000 for the duration of the study period still applies, and the purchase of duplicate

devices will not be permitted.

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E.

Allowable Cost Table:

Tuition

Costs

Accommodation Costs

(including Meals)

The Bursary will be used to

pay the student’s actual

accommodation costs

(including meals) during

academic terms only if the

student is staying in the

Institution.

Private Accommodation

Materials Costs

Assistive Device5

Actual tuition costs in respect

of courses prescribed by the

Institution as compulsory

requirement for the

Degree/Diploma

Tuition costs for optional or

additional subjects must be

paid by the student.

If the student resides in private

hired accommodation the

student will be responsible for

all the costs associated with

such accommodation.

If the student delivers to the

Institution a certified copy of a

written lease agreement in

respect of that

accommodation, NSFAS will pay

a maximum amount of R12,000

per annum payable in monthly

instalments by the institution

towards the student’s private

accommodation costs.

For those students residing in

private accommodation (as

above), NSFAS will pay a

contribution towards the

transportation costs to travel

to/from campus to a maximum

of R500 per month, and

food/meal allowances as

determined by the Institution.

The Bursary will be used to

pay materials costs only up to

a maximum of R4,000 in

respect of books and other

study materials prescribed by

the Institution for compulsory

subjects.

The Bursary amount will be

used to assist in meeting the

costs of one/more Assistive

Devices to a maximum

amount of R21 000 for the

duration of the studies

(with the provision that

upgrades, repairs,

replacements are payable on

an annual basis where

required).

Assistive devices refer to any device that is designed, made or adapted to assist a person to perform a particular task, and include those that a) promote the independence of a

disabled person, b) contribute to the functioning of a person with a disability in society, c) facilitate communication for persons with disabilities and d) improve the quality of life of

persons with disabilities.

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Listed below is the cost breakdown for assistive devices that NSFAS will approve for payment.

F.

Cost breakdown of items6:

DISABILITY

ASSISTIVE DEVICE

Wheel chairs (Category 1):

(including customizing options, costed at approximately

an additional amount of R1500 – R2000 per chair,

subject to individual needs and assessments)

Indoor/low active basic folding chairs

Urban active chairs

Hybrid active chairs

Rural active chairs

Adjustable posture support chairs

MAXIMUM

AMOUNT ALLOWABLE

Max R21,000

TENDER PRICE

RECOMMENDED

DOH Tender List

RT233-2008ME

(Valid from 1 Sept 2008 to 31

Aug 2010)

1. Physical Impairment or

disability

(movement,mobility,

locomotor)



Motorised chairs

R2,500

R3,500

R2,750

R3,500

R10,000

(customizing options range from

R2,300 – R5,400 per chair)

R19,000

(customizing options range from

R2,750 to R5,130 per chair)

R150

R150 – R1 000

R250 – R4 500

R21 000

R8 000

R2 500

R2 500

Base seating systems:

Lap belts

Seating cushions

Tension adjustable backrest

Computer (Tetra & Quadriplegic )

Recorder (Tetra & Quadriplegic)

Boots (footwear)

Special chair (Commode)

DOH Tender List

RT233-2008ME

(Valid from 1 Sept 2008 to 31

Aug 2010)

Walking stick

6

\* R1 000

See UPFS for detailed listing

DOH Tender List

RT233-2008ME

(Valid from 1 Sept 2008 to 31

Aug 2010)

See UPFS for detailed listing

As far as possible, institutions are advised to consult the National Health Reference Price List (NHRPL) and the Uniform Patient Fee Schedule (UPFS) for the tariff

structures recommended for products and services of the relevant health professional (www.doh.gov.za). In addition, the Board of HealthCare Funders (BHF)

and/or the South African Medical Association (SAMA) can be consulted for relevant tariffs.

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Crutches, calipers, ferrules, walking frame

Writing splint

Ankle Brace and splints

Foot and leg orthotics

\* R2 000

\* R1 500

R1 500

R1 500

See UPFS for detailed listing

See UPFS for detailed listing

See UPFS for detailed listing

2. Visual Impairment or

disability

(blind and partially-sighted)

Perkins Braille

Tape Recorder/digital recorder

Tapes

PersonalComputer(NB:onlyifspecialized

software/related hardware devices specific to that

disability are required eg large print keyboard, handheld

magnifier)

Calculator

Travelling alarm clock

Spectacles/magnifiers:

Refraction only

Single vision

Bifocals

Fixed tints

Eye test (optometry, ophthalmology)

R5 500

R2 000

R500

R21 000

R 300

R 150

R

R

R

R

200

850

950

750

See UPFS for detailed listing

(see Appendix A for full details)

R2 000

See NHPRL 2009

(Optometrists)

DOH Tender list

RT274-2008ME

(Valid 1 Sept 2008 – 31 Aug

2010)

3. Hearing impairment or

disability

(hearingloss/impairment

and/or Deafness)

Hearing aids and earmoulds:

Body aids complete with cord and receiver

Behind-the-ear (BTE) analogue hearing aids for

mild hearing loss

BTE analogue hearing aids for moderate hearing

loss

BTE analogue hearing aids for severe hearing loss

BTE analogue hearing aids for profound hearing

loss

Canal (in-the-ear –ITE) hearing aids (mild to

severe hearing loss - analogue)

Max R21 000

R1 750

R2 500 (per ear)

R2 500 (per ear)

R3 000 (per ear)

R 3500 (per ear)

R2 365 – R4 000 (per ear)

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Ear level (BTE/ITE) programmable digital hearing

aids

Tapes & Recorder

Assistive Listening Devices (ALDs):

FM (frequency modulated) systems – receiver,

transmitter

Soundfield amplification systems

Induction loop systems

Batteries for hearing aid

(Zinc air batteries 6-pack @ R17.50 per pack - tender)

Audiology (basic diagnostic testing – including otoscopic

exam, puretone audiometry, speech audiometry)

4. Learning disability and/or

othercommunication

disorders

(ADD,ADHD,Autistic

spectrum disorders, dyslexia,

dyspraxia, dysphasia)

Digital voice recorders

Fluency device

Augmentative and Alternative Communication Devices

(AAC Devices)7 such as:

Dedicated computer systems

Software for non-dedicated computers

Computer access devices, including specially

designed keyboards and voice recognition systems

Other peripherals that provide adapted access to

computers

Computer output devices adapted for monitors and

printers

Software systems specific to AAC systems

Switching devices

Non-electronic AAC devices and systems

Psychometry/educational

diagnostic battery

psychology

assessment

–

R1 820 – R4 500 (per ear)

R650

R7 000

DOH Tender list

RT274-2008ME

(Valid 1 Sept 2008 – 31 Aug

2010)

R250

R2 000

See NHPRL 2009

(Speech Therapists and

Audiologists)

\*Fluency device

(RT272-2008ME)

R3 500

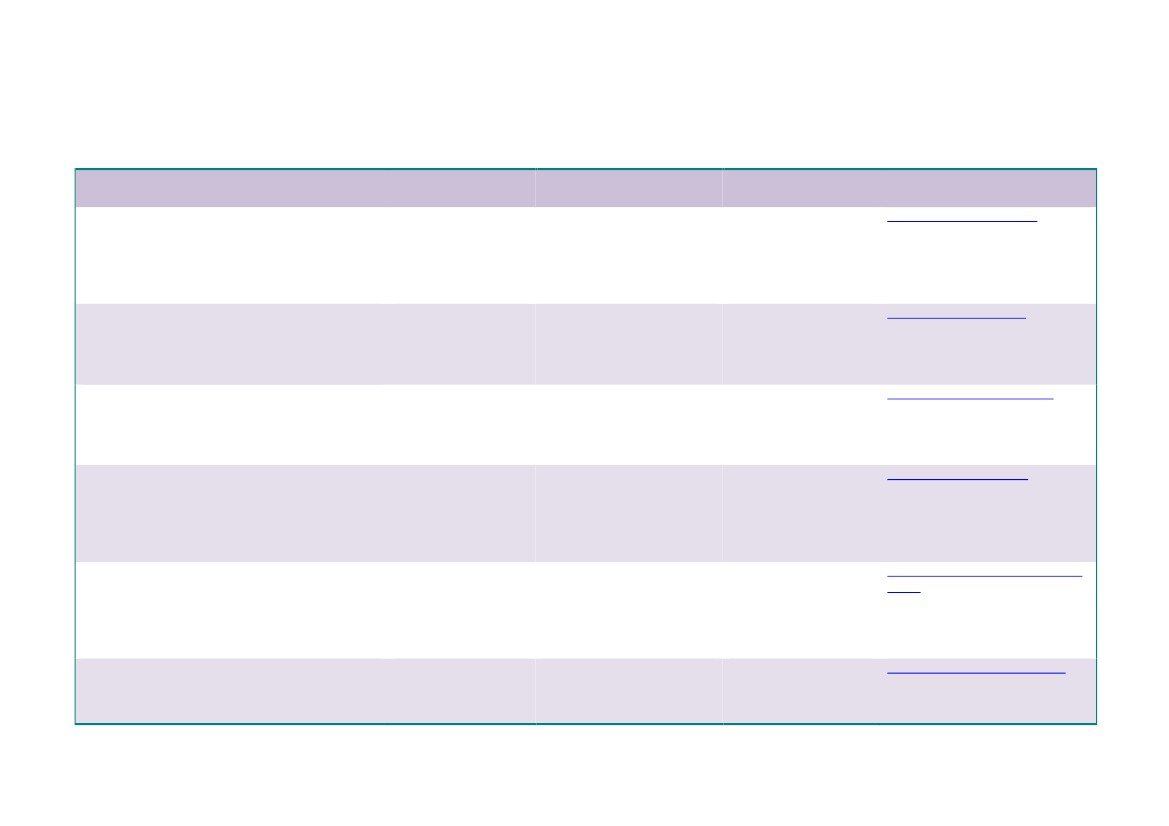
R17 500

R21 000

R2 000

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Consult the Centre for Alternative and Augmentative Communication (CAAC)

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G.

Contact details for government service agencies

Items identified as on a government tender list are available from the state hospitals, please contact the following government service agencies for more

information (the contact names may have changed since the time of the state tender going to press):

PARTICIPANTS

Free State Province

Department of Education

Private Bag X20565

BLOEMFONTEIN

9300

National Department of Education

Private Bag X895

Pretoria

0001

Department of Correctional Services

Private Bag X136

Pretoria

0001

South African National Defence Force

Military Health Services

Private Bag X102

Centurion

0046

Eastern Cape Province

Department of Health and Welfare

Private Bag x0038

BISHO

5608

Mpumalanga Province

Department of Health

Private Bag x11285

NELSPRUIT 1201

CONTACT PERSON

Ms M. Bender

TEL NO

051 404 404127

FAX NO

051 404 4120

EMAIL

benderm@edu.fs.gov.za

Maggie Rametsi

012 312 5626

0865126753

rametsi.d@doe.gov.za

Molefe Lebese

012 307 2547

012 323 5621

Molefe.Lebese@dcs.gov.za

Col. Durandt

012 367 9114

012 367 9064

samhsproc@gmail.com

Ms Joyce Gysman

040 609 3436/7

073 199 0807

083 378 0924

040 635 1132

040 639 1142

Joyce.gysman@impilo.ecprov.g

ov.za

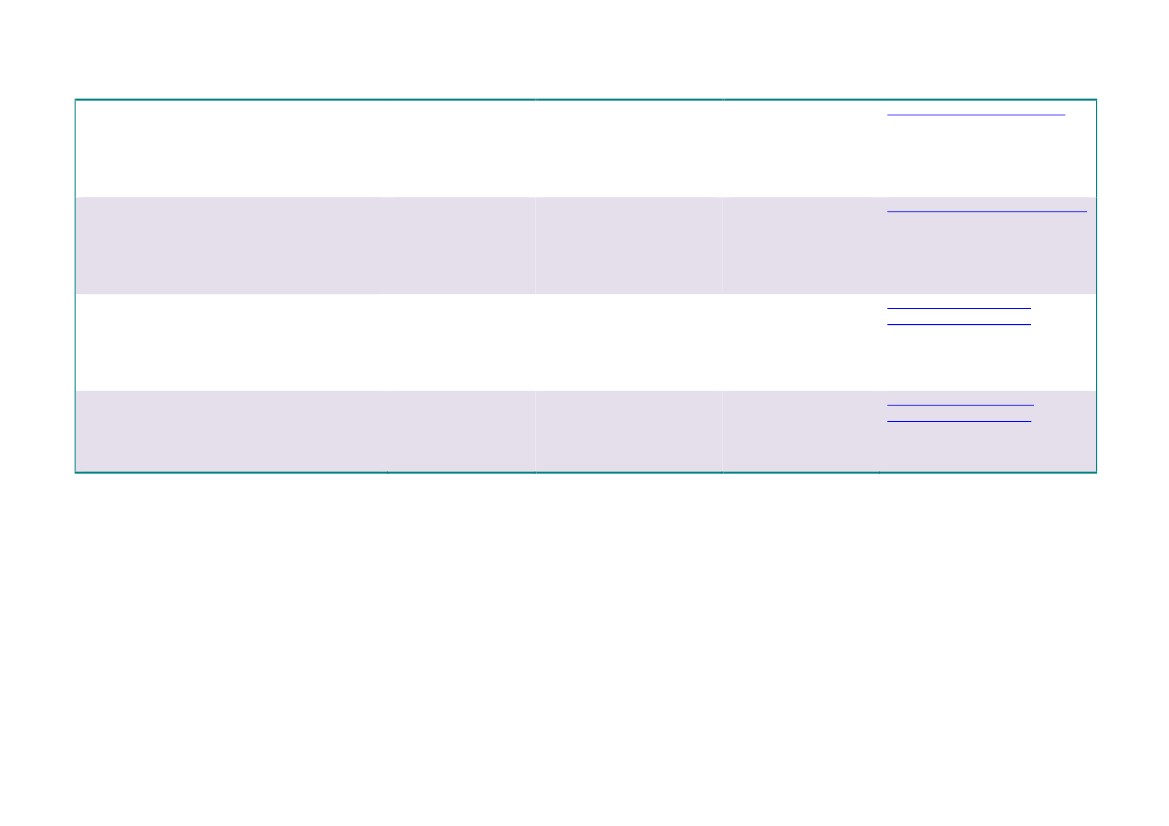
Mr P Mhlabane

013 766 3003

082 722 1833

013 766 3472

pringlem@social.mpu.gov.za

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Limpopo Province

Department of Health and Welfare

Private Bag x9302

POLOKWANE

0700

Northern Cape Province

Department of Health and Welfare

Private Bag x5049

KIMBERLY

8300

North West Province

Department of Health

Private Bag x5049

MMABATHO

2570

Western Cape Province

Department of Health

PO Box 2060

CAPE TOWN

8001

Mr E Luruli

015 293 6100

082 931 6316

01 293 6100

LuruliE@dhw.norprov.gov.za

Ms M Le Roux

053 830 0549

053 830 0744

082 463 0714

053 830 0690

vmabengeza@met.ncape.gov.za

Ms S Setlhare

018 397 2329

0825514513

018 397 2333

ssetlhare@nwpg.org.za

setlhares@nwpg.org.za

Ms Unita van Vuuren

Mr Richard du Plessis

021 483 3071/3512

073 471 2194

021 483 9348

Uvvuuren@pgwc.gov.za

Reduples@pgwc.gov.za

For the assistive devices listed above, the following service providers have been identified as recommended preferred suppliers (please see full tender list,

available upon request for more details of which device is supplied by which provider):

Hearing aids and other hearing-related assistive devices (Government Tender

RT 274-2008ME):

Oticon South Africa

John S Mayers

Medifix Hearing Systems CC

Lukatit Investments 14 (Pty) Ltd

Siemens Ltd

Batho Kopanang Distributors (Pty) Ltd

Danavox

Impact Hearing Systems (Pty) Ltd

Electronic devices:

Institutions’ own IT services (software including Jaws, Dragon,

MicroLink)

Sensory Solutions

Neville Clarens Technology

Visual assistive devices (eg spectacles):

Spectacle Warehouse

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Mobility Devices (Government Tender RT233-2008ME):

Shonaquip (021) 7978239

Thokomala Mobility Services CC (031) 5793939

Crinoline Medical Supplies (Pty) Ltd (011) 210 6300





Medifoam CC (021) 945 4764

CE Mobility (041) Tel (041)3733780, Fax (041) 3733781

H.

Resources to consult

Centre for Augmentative and Alternative Communication

www.caac.up.ac.za

South African Association for Audiologists

www.audiologysa.co.za

South African Speech-Language-Hearing Association

www.saslha.co.za

South African Optometric Association

www.saoa.co.za

Department of Health – National Health Pricing Reference List

www.doh.gov.za/docs/nhrpl-f.html

Inclusive Solutions

www.inclusivesolutions.co.za

South African Society of Physiotherapy

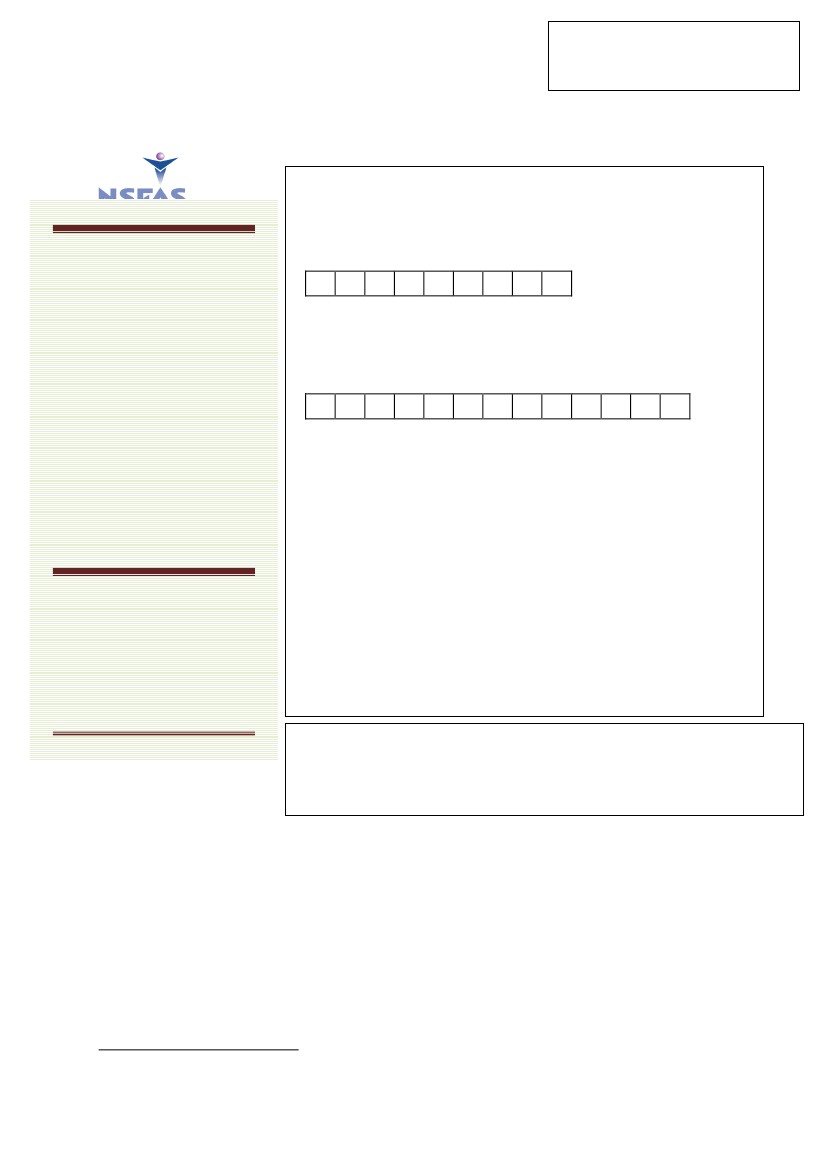
www.physiosa.org.za

Occupational Therapy Association of South Africa

www.otasa.org.za

Western Cape Rehabilitation Centre

www.wcrc.co.za

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HEI logo

ANNEXURE A:

DRAFT WRITTEN MEDICAL ASSESSMENT QUESTIONNAIRE: DISABILITY8

The completion of this section by the higher education institution prior

to the referral of the student to a medical/rehabilitation professional is

compulsory.

Note:

All students with disabilities

applying for financial aid need

to complete this form upon

initial application for financial

aid ONLY. Previously funded

students do not need to submit

this medical report. Should the

nature of the disability change

over the term of the study, and

if this impacts directly on the

students’ ability to participate

inhis/hereducational

programme, then the student

will need to submit updated

detailsandafull

medical/rehabilitation report

from a certified professional.

STUDENT DETAILS

Student number:

Student name (title, surname, first name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number:

Contact numbers:

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HIGHER EDUCATION INSTITUTION DETAILS

Referring University/University of Technology:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Officer

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number:

Disability Support Unit Officer

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number:

Failure to provide the information

requested on all pages will render

this application incomplete.

Please complete in detail, in

legiblehandwritingfor

certification and verification by a

registeredhealthcare

professional.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the following (for office purposes only):

Is the student currently receiving a disability grant/care dependency grant?

YES/NO

Has the student made application for a grant?YES/NO

Is the student on a medical aid? (as main member or dependent)YES/NO

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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

only and will remain confidential.

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GENERAL STUDENT/CLIENT DETAILS:

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has the condition been present since birth?

YES/NO

If not, please indicate date and reason for onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present symptoms/defining features: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prognosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(please indicate if condition likely to deteriorate/improve over the next 3 – 5 years, and if so, how

will impact on the student)

Clinical Summary: (please include relevant investigations, reports, interventions – both surgical and

non-surgical/rehabilitative):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special needs with respect to assistive devices, or other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the student on medication?

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

YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the students’ level of dependence in respect of the following aspects:

Totally dependentAssistance requiredSupervision

Eating





Dressing

Washing

Independent

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



Toileting

Walking

Have there been any rehabilitation interventions specifically in the past?YES/NO

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did the student attend a special school and receive rehabilitation while at school?

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

YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of current physiotherapist/occupational therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student a wheelchair user?YES/NO

Is yes, is this self-propelledor does the student require support to use wheelchair?

Can the student transfer in/out of the wheelchair independentlyor with physical help?

Ownership of the wheelchair: boughtrentingon loanstate hospitalother

Does the student require any other additional mobility assistive devices?

If yes, please provide additional details:

YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the student using hearing aids?YES/NO

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of current audiologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student using any other communication devices?YES/NO

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

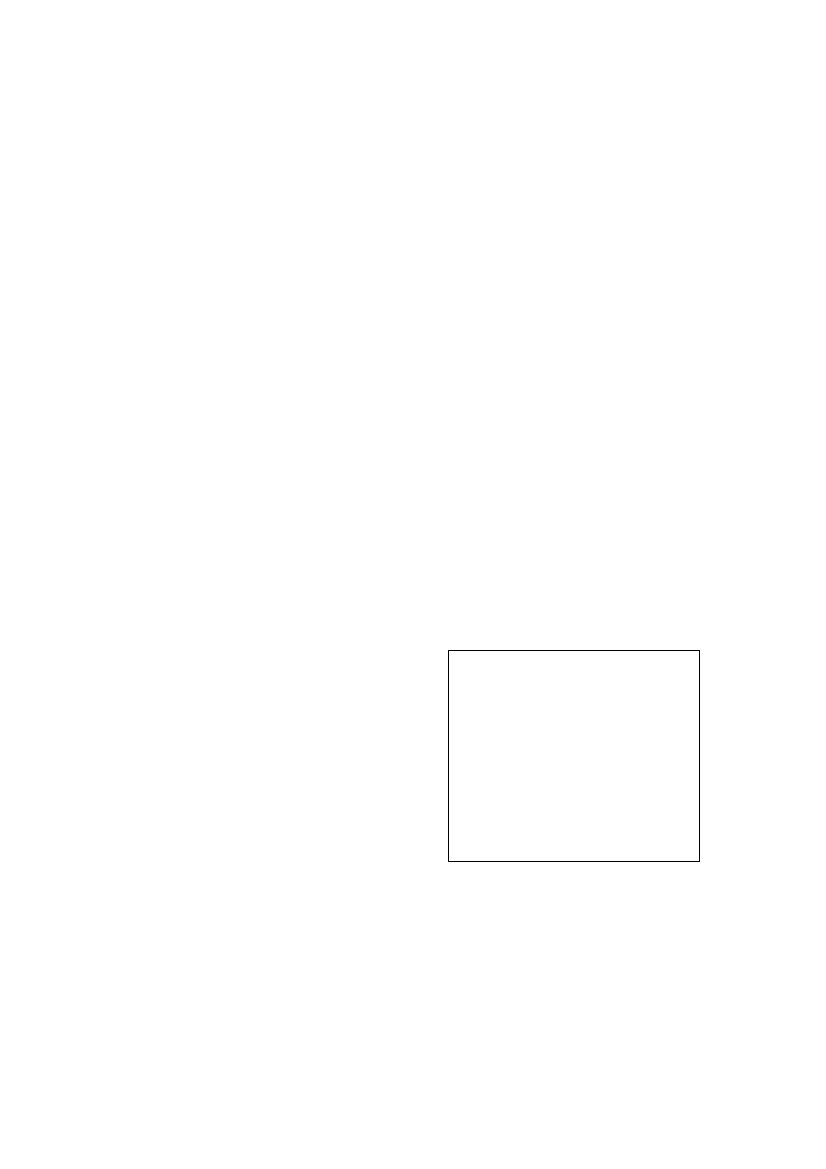
student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of current speech therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the student 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 student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of optometrist/eye specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINAL DIAGNOSIS AND RECOMMENDATIONS:

(student 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 students with disabilities at (name of higher education

institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

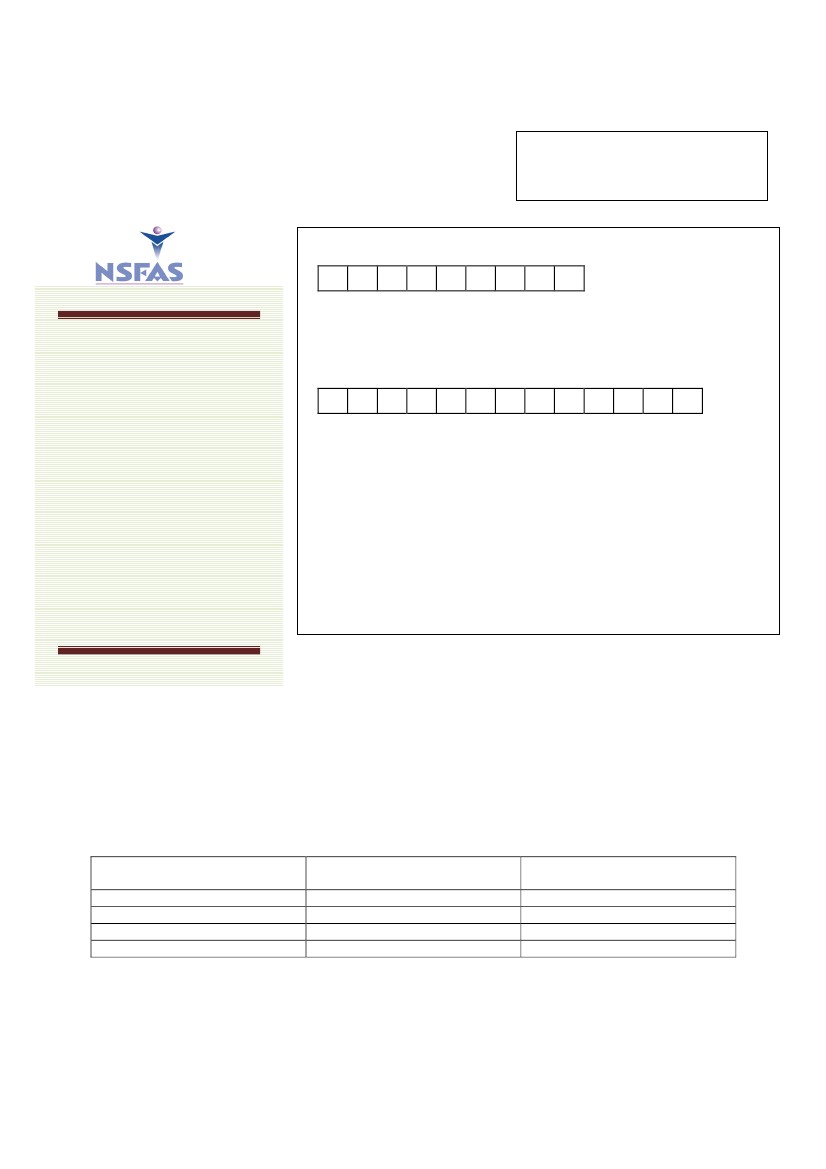
DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

Stamp:

Medical practice/hospital

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ANNEXURE B

DEPARTMENT OF HIGHER EDUCATION AND TRAINING

BURSARY FOR STUDENTS WITH DISABILITIES

AGREEMENT IN RESPECT OF ASSISTIVE DEVICES

STUDENT DETAILS

Student number:

HEI logo

Student name (title, surname, first name):

All students with disability who

are granted funding for assistive

devices are required to complete

this agreement.

The agreement commits the

student to full responsibility for

the purchasing the approved

assistive device and the proper

use/safekeeping of the assistive

device.

Students 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity Number:

Contact numbers:

(h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cell)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF THE DISABILITY

Diagnosis:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistive device/s required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT DECLARATION

I hereby request that the following assistive devices are approved for purchase to ensure full

participation in the educational programme at this institution.

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

Quoted Cost (indicate if any

discount will be applicable)

Recommended Supplier

I acknowledge that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of higher education

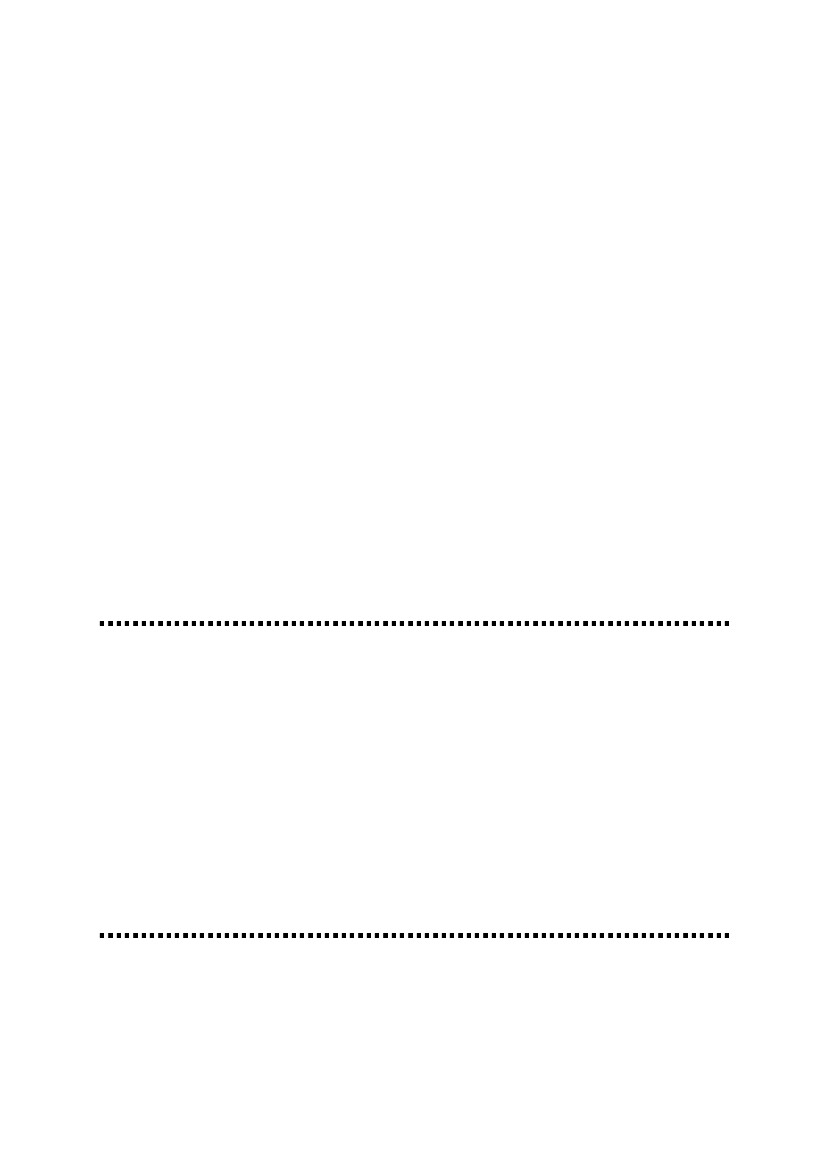
institution) will undertake to pay the recommended supplier at the quoted or discounted price

directly, failing which I commit myself 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;

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





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

To produce all original receipts/invoices as proof of purchase within 30 days of the date of

this agreement – to be submitted to the financial aid office/disability support unit;

Should I fail to produce the proof of purchase for any approved assistive device within the

first 30 days, I will not be considered for any support for assistive devices in subsequent

years of study;

Should I fail to produce the proof of purchase by the 30 September 2010, I accept that the

university/university of technology will reduce the value of the bursary by the amount

invoiced, and that my student fee account will be adjusted accordingly;

To repay the difference back to my student fee account if an item is purchased at a reduced

price to that which was approved;

If the cost of my approved assistive device exceeds R21 000, I undertake to first provide

proof that the difference has been paid to the service provider, then the

university/university of technology will transfer funds to the service provider.

SIGNED BY (name of the student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (place) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2010.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature (\*)

(\*) any student under the age of 21 years must obtain the assistance and signature of his/her parent

or legal guardian.

As witnesses:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTERSIGNED by (name of the HEI) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (place) \_\_\_\_\_\_\_\_\_\_\_\_\_

this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2010.

SIGNATURE

Duly authorise thereto:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As witnesses:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_