

**CONFIDENTIAL**

**UNIVERSAL ACCESSIBILITY & DISABILITY SERVICES (UADS)**

**STUDENT REASONABLE ACCOMMODATIONS APPLICATION FORM**

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| **Please ensure that your application is completed in full. Failure to submit all requested documentation may result in delays and declines. All applications are valid for ONE academic year and therefore must be renewed annually.****Hand in your application form with all valid documentation (not older than 3 years) needed attached to the Disability Coordinator at UADS Office, South Campus.** |

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| **PERSONAL INFORMATION**  |
| SURNAME  |   |
| NAME |  |
| STUDENT NUMBER  |   |
| ID NUMBER OR PASSPORT NUMBER  |   |
| SOUTH AFRICAN CITIZEN  |   | INTERNATIONAL STUDENT  |   |
| GENDER  |  |
| POPULATION GROUP (AS REQUIRED BY DEPARTMENT OF HIGHER EDUCATION & TRAINING  | AFRICAN  |   | COLOURED  |   | INDIAN  |   | WHITE  |   | OTHER  |   |
| **1.1 CONTACT INFORMATION**  |
| RESIDENTIAL ADDRESS  |   |
| CELL NUMBER  |   | ALTERNATIVE NUMBER |   |
| EMAIL ADDRESSS  |  |
| **1.2 TYPE OF REGISTRATION**  |
| FULL-TIME  |   | PART-TIME  |   | OCCASIONAL (for non-degree purposes)  |   | STUDY ABROAD EXCHANGE  |   |
| * 1. **PROGRAMME OF**

**STUDY**  |  e.g. BCom (Financial Planning)-----------------------------------------------------------------------  |
| **1.4 FACULTY**   |  ARTS  |   | BUSINESS & ECONOMIC SCIENCES  |   |
| ENGINEERING,BUILT ENVIRONENT AND INFORMATION TECHNOLOGY  |   | EDUCATION  |   |
| HEALTH SCIENCES  |   | LAW  |   |
| SCIENCE  |   |   |
| **1.5 CAMPUS**  | 2ND AVENUE  |   | GEORGE  |  | OCEAN SCIENCES |   | MISSIONVALE  |  |
| NORTH  |   | SOUTH  |  |  |   |  BIRD STREET  |  |
| **1.6 DISABILITY**  | BLIND (no functional vision)  |   | PARTIALLY-SIGHTED (functional visions with limitations)  |   |
| HEARING IMPAIRED (None, little or some hearing)  |   | HARD OF HEARING( persons with different degrees of hearing loss)  |   | DEAF (make use of SASL) |   |
| deaf( does not make use of SASL) |   | PHYSICAL |  | PSYCHOSOCIAL  |   |
|  | DEAF-BLIND |  | NEURODEVELOPMENTAL |  | CHRONIC |  |
|  | MULTIPLE |  |

**3. INDICATE REASONABLE ACCOMMODATIONS REQUIRED:**

|  |  |
| --- | --- |
| **Reasonable Accommodation** | **Tick where applicable** |
| 1. Extra time
 |  |
| 1. Use of a scribe
 |  |
| 1. Use of personal assistant
 |  |
| 1. Use of computer/laptop
 |  |
| 1. Braille and large print material
 |  |
| 1. Use of equipment
 |  |
| 1. Handwriting Accommodation
 |  |
| 1. Spelling Accommodation
 |  |
| 1. Medication and food intake
 |  |
| 1. Rest breaks
 |  |
| 1. Sign Language Interpretation
 |  |

1. **INDICATE MODULES REGISTERED FOR:**

|  |  |  |
| --- | --- | --- |
| **MODULE**  | **Module code** | **LECTURER NAME** |
|  |  |  |
|  |  |  |
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**DISCLOSURE**

I, the applicant, hereby:

1. Declare that all information in this document is true and correct.
2. Declare that I have read the application process and understand that if I do not adhere to the application process it may have a negative impact on my application.
3. Grant permission to the UADS to enquire about and verify my medical documents or any other information needed on this application form.

**CONFIDENTIALITY**

 Confidentiality is central to trust between UADS and the student and as a student, you have the right to expect that your personal information will be held in confidence and effectively protected against improper disclosure at all times. No personal information will be disclosed to any other party except the Concession Committee that is responsible to make approval of the application.

**Do you give permission that this information can be shared? Yes / No**

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