

**ARCSWiD 01**

**SPECIAL ASSISTANCE FORM FOR STUDENTS WITH DISABILITIES**

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| **Please note:**   * Students with disabilities who require special study assistance should only complete this Form. * That in order to qualify for special study assistance, students must attach documentary proof of disability. * That documentary proof of disability must be in the form of a certificate issued by a registered medical practitioner. * That staff responsible for processing the documents will respect the confidentiality of the information provided. | | | | | | | | | | | | | | | | | | | | | |
| 1 Student number | | | |  | |  | | |  |  | - |  | |  | |  | | - | |  | |
| 2 Surname | | | | |  | | | | | | | | | | | | | | | | |
| 3 Full names | | | | |  | | | | | | | | | | | | | | | | |
| **4** | | | **SPECIAL STUDY ASSISTANCE.**  In each of the following sections, please either tick, or arrange for a tick to be placed in the appropriate box. Please do not tick more than one box. | | | | | | | | | | | | | | | | | | | |
| **4.1 STUDY MATERIAL :**  In which format would you prefer your study material? (Please select only one option): | | | | | | | | | | | | | | | | | | | | |
| **Braille** | | | | | | | **Large print** | | | | | **Electronic material on cd** | | | | | | | | |
| **MP3 format** | | | | | | | **DAISY format** | | | | | **Not applicable** | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **4.2 Orientation & Mobility**  Would you require assistance with regard to Orientation & Mobility? | | | | | | | | | | | | | | | | **YES** | | **NO** | | |
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| **4.3 Sign Language Interpretation**  If you are a student who is deaf, would you require Sign Language Interpretation services during tutorial sessions? | | | | | | | | | | | | | | | | **YES** | | **NO** | | |
| **5. STUDY UNITS REGISTERED** | | | | | | | | | | | | | | | | | | | |
| Module code | | Semester | | | | Module code | | | | | | | | Semester | | | | | |
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| **To be completed by the student**  **6.** DECLARATION - I declare that all the particulars furnished by me on this form are true and correct.  Date ………………………………… Signature………………………... | | | | | | | | | | | | | | | | | | | | | |
| ***Please fax completed forms to : (012) 429 8637/6729/8138*** | | | | | | | | | | | | | | | | | | | | | |