

ARCSWiD 01

Special assistance form for students with disabilities

Please note:

- This form should only be completed by students with disabilities who require special study assistance.
- To qualify for special study assistance, students must attach documentary proof of disability.
- Documentary proof of disability must be in the form of a certificate issued by a registered medical practitioner.
- 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	<input checked="" type="checkbox"/>	Large print	<input checked="" type="checkbox"/>	Electronic material on CD	<input checked="" type="checkbox"/>
MP3 format	<input checked="" type="checkbox"/>	DAISY format	<input checked="" type="checkbox"/>	Not applicable	<input checked="" type="checkbox"/>

4.2 Orientation and mobility

Do you require assistance with regard to orientation and mobility?

Yes No

4.3 Sign Language interpretation

If you are a student who is deaf, do you require Sign Language interpretation services during tutorial sessions?

Yes No

5 Study units for which you are registered

Study units	Semester	Study units	Semester

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013

1. I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Unisa of any changes in my personal information.
2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto and I have taken note of advice which may be applicable to students in general.
3. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information for all required academic processes pertaining to my application or registration to study with Unisa, which may include, but is not limited to:

- 3.1 internal administrative processing;
 - 3.2 institutional and scholarly research; and
 - 3.3 funding submissions.
4. I also consent that Unisa may share my personal information with the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies, professional bodies, third parties rendering various services to the university and legal entities which may lawfully require such information for legal obligations and/or investigations.
 5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.
 6. I will not hold the university responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.
 7. I confirm that I have read the notice and understand the contents.

Note: The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at www.unisa.ac.za

Date	Y	Y	Y	Y	M	M	D	D	Signature	
<small>This form can be faxed to 012 429 4150 or posted to the university at PO Box 392, Unisa, 0003 Please note: Unisa does not accept any forms submitted via e-mail.</small>										