

**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.
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| 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** |
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| **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*** |