



REPUBLIC OF SOUTH AFRICA

FORM 4

[Regulation 10]

APPLICATION FOR ASSISTANCE FOR BENEFICIARIES IN SPECIAL SCHOOLS

PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 (ACT 34 OF 1995)

READ THIS FIRST

1. This application form must be completed if the learner has special needs due to neurological impairments, intellectual disabilities, visual impairments (blind and partially sighted), autism, communication impairments, hearing impairments (deaf and hard of hearing), physical disabilities, behavioural and emotional disabilities or impairments or any other developmental or learning disabilities or impairments, and require assistance in respect of additional or specialised services and support offered at a special school.
2. Should the nature of the learner's disability or impairment change over the term of schooling, and if this impacts directly on his or her ability to participate in his or her schooling, then the applicant will need to submit, on behalf of the learner, updated details and a full medical/rehabilitation report from a certified professional.
3. This application form must be completed by a registered medical doctor or other appropriately qualified professional and it is the applicant's responsibility to have this form completed by a registered medical doctor or other appropriately qualified professional.
4. Please ensure that this application form is duly completed, signed and accompanied by all the required supporting documents, as missing or omitted information will delay the finalisation of the application or the application will not be considered.
5. This application form and the supporting documentation will remain confidential.

A. PARTICULARS OF THE APPLICANT

1. Title:	(Mr, Miss, Mrs, Dr)		
2. Surname:			
3. First Names:			
4. ID number:		5. Date of birth:	
6. Gender:	*Male / Female		
7. Contact details:	* Home address / Home address of other person (if applicable): <i>(State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)</i>		
	* Postal address / Postal address of other person (if applicable):		
Telephone Numbers:	Home:	Work:	Cell no:
Email address:			
_____ Signature of applicant		_____ Date	

B. PARTICULARS OF THE LEARNER WHO HAS SPECIAL NEEDS

1. Title:	(Mr, Miss)		
2. Surname:			
3. First Names:			
4. ID number:		5. Date of birth:	
6. Gender:	*Male / Female		
7. Contact details:	* Home address / Home address of other person (if applicable): <i>(State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)</i>		
	* Postal address / Postal address of other person (if applicable):		
Telephone Numbers:	Home:	Work:	Cell no:
Email address:			

8. Particulars of schooling:

(a) Name of school registered:

(b) Grade in current year of study:

(c) Admission Number:

9. Please indicate the disability or impairment of the learner below and give details regarding the disability or impairment:

DISABILITY / IMPAIRMENT	INDICATE WTH x	DETAILS OF DISABILITY / IMPAIRMENT
Neurological Impairments		
Intellectual Disabilities		
Visual Impairments (blind and partially sighted)		
Autism		
Communication Impairments		
Hearing Impairments (deaf and hard of hearing)		

DISABILITY / IMPAIRMENT	INDICATE WITH x	DETAILS OF DISABILITY / IMPAIRMENT
Physical Disabilities		
Behavioural and emotional disabilities or impairments		
Any other developmental or learning disabilities or impairments		

10. Reasons for assistance:

 Signature of applicant or the person completing the form on behalf of the learner who needs assistance

 Date

C. PARTICULARS OF REGISTERED MEDICAL DOCTOR OR QUALIFIED PROFESSIONAL

1. Title:	(Dr, Mr, Miss, Mrs)		
2. Surname:			
3. First Names:			
4. Speciality			
5. Telephone Numbers:	Home:	Work:	Cell no:

6. How long have you been the learner's doctor (or qualified professional person):

7. On which date did the learner first consult you in connection with his/her disability or impairment:

8. On which date did the learner last consult you in connection with his/her disability or impairment:

9. Please provide the diagnosis applicable to the learner and how it disables or impairs the learner: (Please provide a detailed medical report and explanation indicating the following:)

10. Please indicate how the disability or impairment impacts on the learning and teaching process of the applicant:

11. Does the learner require specialised assistance in respect of his/her learning and developmental abilities: **Yes / No**

12. If yes, please –

(a) specify particulars of the specialised assistance that is required by the learner:

.....
.....

(b) indicate why such specialised assistance is required by the learner:

.....
.....

13. Please indicate whether the learner will benefit from the specialised assistance that is required, by attending a special school: **Yes / No**

14. Please indicate how the learner will benefit from the specialised assistance that is required by attending a special school, in relation to the particular grade for which the learner has registered:

.....
.....

15. Does the learner require medical services in respect of his/her learning and developmental abilities **Yes / No**

16. If yes, please –

(a) specify particulars of the medical services that is required by the learner:

.....
.....

(b) indicate why such specialised assistance is required by the learner:

.....
.....

17. Please provide any other information and/or comments in respect of the learner’s disability or impairment that is relevant and may assist in assessing the applicant’s claim for assistance in respect of specialised assistance that is offered by a special school:

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.....

Declaration: I hereby declare and warrant that the information given above is factual, true and correct and that no material information has been withheld nor any relevant circumstances omitted.

Signature

Date

(Doctor or qualified professional person must affix his/her stamp here to confirm their details)

D. RECOMMENDATION FROM PRINCIPAL OF PUBLIC SCHOOL NEAREST TO LEARNER'S PLACE OF RESIDENCE

1. Name of public school:

2. Address of public school:
.....

3. Telephone number of public school:

4. What factors (barriers/concerns) in the public school are impacting on the applicant's learning and teaching participation in the programmes offered at the public school:
.....

5. What additional support does the applicant need in respect of his/her learning abilities:
.....

6. Will the applicant will benefit from the additional or specialised services and support offered at a special school **Yes / No**

7. How will the applicant will benefit from the additional or specialised services and support offered at a special school:
.....

8. Principal discussed special school recommendation with parents and learner: **Yes / No**

(Attach all relevant documents to support the above information, where applicable)

Signature

(Principal must affix school stamp here to confirm school's details)

Date

E. CONSULTATION BETWEEN ADMINISTRATOR AND PARENTS OR PERSON WHO EXERCISES PARENTAL RESPONSIBILITY OVER THE LEARNER AND THE LEARNER

1. Administrator consulted with parents and learner on special school recommendation: **Yes / No**

2. Brief comment on parents' and learner's response to special school recommendation:
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.....
.....

Signature

Date