



REPUBLIC OF SOUTH AFRICA

**FORM 5****[Regulation 11]****APPLICATION FOR ASSISTANCE FOR PSYCHOSOCIAL SERVICES****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 barriers to teaching and learning due to behavioural emotional and social challenges and require assistance in respect of psychosocial support.
2. Should the nature of the learner's teaching and learning barriers change over the term of schooling, and if this impacts directly on his or her ability to participate in the educational programme of the public school or special school, then the applicant will need to submit, on behalf of the learner, updated details and a full medical report from a certified professional.
3. This application form must be 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 LEARNER WHO REQUIRES PSYCHOSOCIAL SUPPORT**

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:			
	<b>TEACHING AND LEARNING BARRIER</b>	<b>INDICATE WTH x</b>	<b>DETAILS OF TEACHING AND LEARNING BARRIER</b>
	<b>Behavioural and Emotional Challenges (nervous, anxiety, depression, victim of bullying, problems with concentration, problems with late coming and absenteeism at school, problems with discipline, substance abuse, aggressive behaviour, etc.</b>		
	<b>Social Challenges (family problems, untidy appearance, improper dressing, etc.)</b>		
10. Reasons for assistance:			
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Signature of applicant or the person completing the form on behalf of the person 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 beneficiary first consult you in connection with his/her teaching and learning challenges: .....			
8. On which date did the beneficiary last consult you in connection with his/her teaching and learning challenges: .....			
9. Please provide the diagnosis applicable to the beneficiary and how it challenges the beneficiary: (Please provide a detailed medical report and explanation indicating the following:			
10. Please indicate how the teaching and learning challenges impact on the teaching and learning process of the beneficiary: ..... ..... ..... ..... ..... ..... ..... .....			
11. Does the applicant require psychosocial support in respect of his/her teaching and learning challenges:			<b>Yes / No</b>
12. If yes, please – (a) specify particulars of the psychosocial support that is required by the beneficiary: ..... .....			
(b) indicate why such psychosocial support is required by the beneficiary: ..... .....			
13. Please indicate how the beneficiary will benefit from the psychosocial: ..... .....			

14. Please provide any other information and/or comments in respect of the beneficiary's teaching and learning challenges, that is relevant and may assist in assessing the beneficiary's claim for assistance in respect of psychosocial support):

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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.

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Signature

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Date

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

**D. INFORMATION FROM CLASSROOM TEACHER**

1. Name of Classroom Teacher: .....

2. Name of public school or special school where teaching: .....

3. Address of public school or special school: .....

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4. Telephone number of public school or special school: .....

5. What behavioural, emotional and social challenges in the public or special school and/or outside the school environment are impacting on the applicant's learning and teaching participation in the programmes offered at the school:

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

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Signature

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Date

*(Affix school stamp here to confirm school's details)*

**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 the psychosocial support programme recommendation: **Yes / No**

2. Brief comment on parents' and learner's response to the psychosocial support programme recommendation:

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Signature

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Date