



## DISCLOSURE OF DISABILITY STATUS FORM

**NB: Before filling in this form familiarise yourself with the contents of the Policy on Workplace Inclusion of Employees with Disabilities and all its Guidelines which can be requested from the Disability Rights Unit**

- The purpose of this form is to disclose disability status in order to be eligible for reasonable accommodation in terms of the University's Policy on Workplace Inclusion of Employees with Disabilities.
- The University guarantees that all information in this form will be treated confidentially.
- In the case where a person's disability is not evident, the University may request a medical report from a medical practitioner in order to assist in making informed and fair decisions.
- The University may decline a request for reasonable accommodation if the accommodation is unjustifiable and if it imposes undue hardship on the University.
- Each request for reasonable accommodation will be dealt with on its own unique merits and circumstances.
- Questions about race, gender and age are solely for statistical information and have no influence on the final outcome.
- The attached EEA1 form should also be completed (may be used for statistical reporting)

### Section 1: Personal Information

Title: \_\_\_\_\_

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Staff No: \_\_\_\_\_ ID No: \_\_\_\_\_

Office Tel no.: \_\_\_\_\_ Mobile Tel no.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Division/Faculty: \_\_\_\_\_

Department/School: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Grade: \_\_\_\_\_

Name of HOD/Supervisor: \_\_\_\_\_

Provide a brief description of your duties/functions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Section 2: Disability Status

*Describe briefly the nature of your disability:*

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*Is your disability long-term, recurring or temporary?*

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*Are there medical or technological devices or interventions to treat, control or lessen the impact of your disability? If YES, please provide details:*

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*Outline barriers/obstacles that impede you from performing the essential functions of your job:*

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***In your opinion, how can these barriers/obstacles be removed or overcome?***

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***Please provide, at least, two names of known providers of reasonable assistance for your impairment/disability:***

(1) Name: \_\_\_\_\_

Contact: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Contact: \_\_\_\_\_

***Did you apply for assistance from other entities outside the University (e.g. medical insurance)? If yes, please provide information in this regard:***

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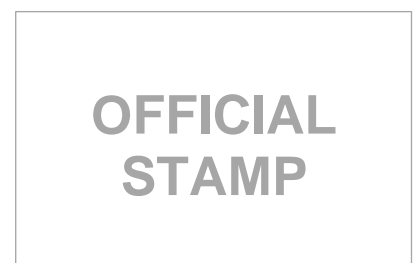
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### **Section 3: Confidentiality and Consent to Disclose Disability**

I, \_\_\_\_\_, the undersigned, hereby certify that the information stated in this document is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## DECLARATION BY EMPLOYEE (Confidential)

### PLEASE READ THIS FIRST



#### PURPOSE OF THIS FORM

This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile. Employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.

#### WHO COMPLETES THIS FORM?

Employees should fill in this form.

#### INSTRUCTIONS

All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

#### PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
  - (i) before 27 April 1994; or
  - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

'People with disabilities' are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.

\*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Name of employee:-----

2. Employee workplace No: -----  
(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)

3. Please indicate to which categories you belong with an 'X' below:

Male	Female

African	Coloured	Indian	White

Foreign Nationals

If you are not a citizen by birth, please indicate the date you acquired your citizenship: -----

Person with a disability\*

If yes, specify nature of disability:  
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4. I verify that the above information is true and correct.

Signed: -----

Employee

Date: -----