

• Address: Private Bag 3, Wits 2050, South Africa

• Tel: +27 11 717 9152/9151

• Web: http://www.wits.ac.za/disability-rights-unit

## VOLUNTARY DISABILITY DISCLOSURE FOR APPLICATION FOR WORK REASONABLE ACCOMMODATION

NB: Before filling in this form, familiarise yourself with the contents of the Policy on the Workplace Inclusion of Employees with Disabilities, linked here.

This form is for self-identification or voluntary disclosure of disability status, for purposes of application for work reasonable accommodation, as per the University's Policy on the Workplace Inclusion of Employees with Disabilities.

- 1. Information in this form will be treated confidentially and protected as per the prescripts of the Protection of Personal Information Act (POPIA), Act No. 4 of 2013 as amended.
- 2. A disability disclosure to HR can be done online, together with completion of an EEA1 form via the i-Wits portal. Requests for reasonable accommodations will be considered on individual merits and circumstances, as well as inherent requirements of the job.
- 3. This application must be accompanied by medical supporting documentation.
- 4. Occupational therapy functional assessments may be requested, where necessary.

Section 1: Personal Information	
Title:	
First Names:	Surname:
Staff No:	
	Mobile Tel no.:
Email Address:	
Division/Faculty:	
Department/School:	
Job Title:	Job Grade:
Name of HOD/Line Manager:	
Description of your duties/functions:	

## **Section 2: Disability Status** Describe the nature of your disability/ies: Physical: \_\_\_\_\_ Hearing: \_\_\_\_\_ Psychological: \_\_\_\_\_ Communication: Neurodiversity/Learning: Is your disability permanent or temporary? When did your disability first occur? \_\_\_\_\_ How does your disability impact on your job performance? Are there medical interventions to treat or technological assistive devices that could reduce the impact of your disability? Please provide details:

Have you applied for assistance from other entities, e.g. using your medical aid cover, Wits Employee

Wellness partner (Life Health Solutions)? Please provide more information.

Outline the work and environmental_barriers/obstacles that prevent you from performing the inherent functions of your job:
What support have you received thus far from your department?
What are your further requirements to reduce or overcome your disability-related barriers/obstacles?
Section 3: Confidentiality and Disability Disclosure Consent
<u> </u>
I,, the undersigned, hereby certify that
the information stated in this document is true and correct. I understand that the University will keep
the information disclosed on this form confidential and only use it for purposes of either considering
reasonable accommodation or statutory reporting. I hereby consent to the disclosure of the information
to functional or medical practitioners for express purposes of facilitating work reasonable
accommodation for my disability.
Signature:
Date: