



VOLUNTARY DISABILITY DISCLOSURE FOR APPLICATION FOR WORK REASONABLE ACCOMODATION

NB: Before filling in this form familiarise yourself with the contents of the Policy on Workplace

Inclusion of Employees with Disabilities: <https://intranet.wits.ac.za/exec/registrar/Policies/Policy%20-%20Policy%20on%20the%20Workplace%20Inclusion%20of%20Employees%20with%20Disabilities%201.pdf>

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: _____ ID No: _____

Office Tel 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: _____

Visual: _____

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

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: _____