



DRU 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:

Is your disability long-term, recurring or temporary?

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

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

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

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:

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: _____

