

## DISABILITY DISCLOSURE CONSENT FORM

**NOTE: SHOULD THE EMPLOYEE NOT WISH TO DISCLOSE HIS OR HER DISABILITY STATUS, THE EMPLOYEE WILL NOT BE REQUIRED TO COMPLETE THE DISCLOSURE FORM.**

### CONSENT TO DISCLOSURE

I, \_\_\_\_\_, (please print), PERSAL number \_\_\_\_\_, consent

- to the disclosure of information relating to my disability and request that such information be taken into consideration when assessing my needs within the work environment;
- to providing my employer with the necessary medical reports on my disability;
- to my employer retaining the information provided in the Disability Disclosure Form [See section B (i) below]; and
- to the disclosure of that information to relevant staff in the department [See Section B (ii) below], in order to facilitate and address my specific needs.

**(i) Consent for the following information to be retained:**

- Medical report detailing my disability and the support needed in respect of the reasonable accommodation
- Any reports compiled following the Disability Disclosure Form
- Any other relevant documents

**(ii) Consent for disclosure to the following:**

- Western Cape Education Department ("employer")
- Disability manager
- Principal and/or manager of educational institution
- Facility manager (where applicable)
- Department of Public Service and Administration (if needed)
- Government Employees Pension Fund (if needed)
- Other (Please specify) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Employee

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Line manager / Disability manager

## WCED DISABILITY DISCLOSURE FORM

### IMPORTANT

1. **The information you provide below is completely confidential and will be kept separate from your general personnel records.**
2. The information will be used by the Western Cape Education Department to assist in ensuring that non-discrimination, affirmative action, and health and safety regulations are upheld.
3. This form is available in various formats as applicable to people with disabilities and in the three official languages of the Western Cape Province, namely Afrikaans, English and Xhosa.

### A. PERSONAL DETAILS

1. PERSAL NUMBER .....
2. JOB TITLE .....
3. SALARY/ POST LEVEL .....
4. SALARY/ POST NOTCH PER YEAR: R .....
5. SURNAME .....
6. FIRST NAME(S) .....
7. DATE OF BIRTH .....  
(DAY, MONTH, YEAR)
8. SEX  MALE  FEMALE
9. POPULATION GROUP  AFRICAN  INDIAN  
 WHITE  COLOURED
10. DIRECTORATE / DISTRICT OFFICE / EDUCATIONAL INSTITUTION  
.....
11. ADDRESS (WORK): Also provide EMIS number if an education institution  
.....  
.....  
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12. ADDRESS (HOME)  
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13. TELEPHONE NO. .... (Work)  
..... (Home)  
..... (Cell)

**B. EDUCATION**

14. WHAT IS THE HIGHEST QUALIFICATION YOU HAVE OBTAINED?  
 GRADE 5 OR LESS     GRADE 8 OR LESS     GRADE 10  
 GRADE 12     DIPLOMA     DEGREE

15. IF YOU HAVE A DIPLOMA OR DEGREE, PLEASE STATE WHAT YOU HAVE STUDIED AND THE DURATION OF YOUR STUDIES.

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16. WHICH COURSES HAVE YOU ATTENDED DURING THE PAST 5 YEARS?

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**C. EMPLOYMENT**

17. WHAT ARE YOUR WORK DUTIES?

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18. DOES YOUR WORK ENVIRONMENT ACCOMMODATE YOUR NEEDS?  
 YES     NO

19. IF YOUR ANSWER TO QUESTION NUMBER 18 WAS "NO", PLEASE STATE BELOW WHAT ADAPTATIONS COULD BE MADE TO YOUR WORK ENVIRONMENT IN ORDER TO ACCOMMODATE YOUR NEEDS.

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20. DO YOU THINK THAT ASSISTIVE DEVICES WOULD HELP YOU TO IMPROVE YOUR WORK PERFORMANCE AND MAKE YOUR LIFE AT WORK EASIER? IF THE ANSWER IS "YES", PLEASE STATE BELOW WHAT DEVICE(S) YOU FEEL YOU COULD USE.

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**D. DISABILITY PARTICULARS**

21. PLEASE INDICATE YOUR DISABILITY BELOW AND PROVIDE A SHORT DESCRIPTION OF THE DIFFICULTIES YOU EXPERIENCE AS A RESULT OF YOUR DISABILITY.

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22. IN YOUR OPINION, WHICH ONE OF THE FOLLOWING DESCRIBES YOUR DISABILITY?

- MILD
- MODERATE
- SEVERE
- TOTAL

23. DO YOU USE ANY ASSISTIVE DEVICES?

- YES
- NO

IF "YES", PLEASE STATE BELOW WHAT YOU USE.

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24. IF THERE IS/ARE ANY OTHER ASPECT(S) OF YOUR DISABILITY WHICH HAS/HAVE NOT BEEN MENTIONED IN THIS QUESTIONNAIRE, PLEASE GIVE DETAILS BELOW.

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I hereby declare that the above information is correct and **do not object** to making the afore-mentioned information available to the Western Cape Education Department.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Employee

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Line manager / Disability manager