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VOICES OF CHANGE

Transformation for people with Disabilities



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IN
ASSOCIATION
WITH



FACULTY OF
HEALTH SCIENCES



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"BA makes you think logically"
– Clem Sunter (former CEO Anglo American).

"Concern for man himself and his fate... never forget
this in the midst of your diagrams and equations"
– Albert Einstein.

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Gestremdes in hul werkplek – Wetgewing

Daar is verskeie stukke wetgewing, kodes en internasionale konvensies wat op gestremdes van toepassing is. Na beraming is ongeveer 12% van ons bevolking gestremd. Gestremdes en hul werkgewers is nie altyd bewus van hierdie dokumente nie en derhalwe is dit noodsaaklik dat dit in hierdie eerste bydrae uitgelig moet word.

Die Grondwet van die Republiek van Suid-Afrika 108 van 1996, die Wet op Basiese Diensvoorwaardes 75 van 1997, die Wet op Arbeidsverhoudinge 66 van 1995, die Wet op Gelyke Indiensneming 55 van 1998, die Wet op Bevordering van Gelykheid en Voorkoming van Onbillike Diskriminasie 4 van 2000, die Departement van Arbeid se Code of Good Practice on Key Aspects of Disability in the Workplace, die Technical Assistance Guidelines on the Employment of People with Disabilities en die Verenigde Nasies se Konvensie vir die Regte van Persone met Gestremdhede, is sekerlik van die belangrikste dokumente wat altyd in ag geneem moet word.

Volgens ons Handves van Menseregte in die Konstitusie mag daar in terme van artikel 9(3) nie teen enige persoon direk of indirek op grond van ondermeer sy of haar gestremdheid gediskrimineer word nie.

Die Wet op Arbeidsverhoudinge en die Wet op Basiese Diensvoorwaardes is op elke werkgewer en elke werknemer in elke onderneming, nywerheid, bedryf of beroep van toepassing.

Die Wet op Gelyke Indiensneming van 1998 is daargestel om aan artikel 9 van die Handves gevolg te gee. Die oogmerk van hierdie Wet is om gelykheid in die werkplek te bewerkstellig deur gelyke geleenthede en billike arbeidspraktyke te bevorder. Om hierdie doel te bereik vereis die Wet dat werkgewers alle onbillike diskriminasie in hulle indiensnemingsbeleide en –praktyke sal uitskakel.

Die Code of Good Practice on Key Aspects of Disability in the Workplace is deur die Departement van Arbeid aanvaar om vir beide gestremde werknemers en hul werkgewers 'n werkbare praktykskode daar te stel. Die doel van die Kode is om werkgewers, werknemers en vakbonde te lei, te onderrig en in te lig om aspekte soos gelykheid, diversiteit en gelyke behandeling in die werkplek te verstaan ten einde onbillike diskriminasie te elimineer.

Die Technical Assistance Guidelines on the Employment of People with Disabilities se doel is om werkgewers, werknemers, vakbonde en persone met gestremdhede by te staan om die Wet op Billike Indiensneming en die genoemde Kode te verstaan deurdat dit riglyne verskaf om die Wet sowel as die Kode te implementeer.

Die Verenigde Nasies se Konvensie vir die Regte van Persone met Gestremdhede het op 3 Mei 2008 in werking getree. Dit verskil van ander Konvensies in dat dit steeds die algemene regte uiteensit, maar dat dit ook die stappe uiteensit om gelyke behandeling te verseker.

In die hieropvolgende bydraes sal daar in meer diepte aan die bogemelde wetgewing en kodes aandag gegee word.

Disabled persons in their workplace – Legislation

There are several pieces of legislation, codes and international conventions which are applicable to disabled persons. An estimated 12% of our population are disabled. Persons with disabilities and their employers are not always aware of these documents and it is therefore important that it be highlighted in this first contribution.

The Constitution of the Republic of South Africa 108 of 1996, the Basic Conditions of Employment Act 75 of 1997, the Employment Equity Act 55 of 1998, the Labour Relations Act 66 of 1995, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000, the Code of Good Practice on Key Aspects of Disability in the Workplace, the Technical Assistance Guidelines on the Employment of People with Disabilities and the United Nations Convention on the Rights of Persons with Disabilities are of the documents which must always be taken into consideration.

Our Bill of Rights as contained in the Constitution in section 9(3) stipulates that no one may be unfairly discriminate against, directly or indirectly, on the ground of his or her disability.

The Labour Relations Act and the Basic Conditions of Employment Act are applicable to every employer, every employee, in every business, industry, trade and occupation in South Africa.

The Employment Equity Act of 1998 has been promulgated to give effect to section 9(3) of the Bill of Rights. The purpose of the Act is to ensure equity in the workplace by way of equal opportunities and fair labour practices.



Prof Hennie Oosthuizen

The Department of Labour has accepted the Code of Good Practice on Key Aspects of Disability in the Workplace as it provides a workable platform to both the disabled worker and employer. The purpose of the Code is to inform, guide and educate employers, employees and trade unions to understand aspects such as equity, diversity and equal treatment in the workplace so as to eliminate unfair discrimination.

The Technical Assistance Guidelines on the Employment of People with Disabilities is to assist employers, employees, trade unions and persons with disabilities to understand the Employment Equity Act and abovementioned Code by providing guidelines to implement the Act as well as the Code.

The United Nations Convention on the Rights of Persons with Disabilities came into force on 3 May 2008. It differs from other Conventions in that, while it still sets out general rights, it also details the steps that should be taken to ensure equality of treatment.

In the forthcoming contributions the above mentioned pieces of legislation will be discussed in depth.

Batho ba qhwadileng mesebetsing ya bona: Molao-Theo

Ho na le di karolo tse mmalwa tsa Molao-Theo, Melao, le ditsamaiso tse amanang le batho ba qhwadileng. Ho lekannngwa ho re batho ba kabang 12% fatsheng lohle ba qhwadile. Batho ba qhwadileng le beng ba mesebetsi ha bana tsebo ka ditokomane tsena, mme ho bohlokwa hore di hlakiswe nyehelong ena ya pele.

Molao-Theo wa Naha ya Afrika Borwa 108 wa 1996, Maemo a Mosebetsi Act 75 ya 1997, Molao wa Mosebetsi wa Tekatekano Act 55 ya 1998, Molao wa Tshebedisano Act 66 wa 1995, kgothaleto ya tekano ke thibelo kgethollo Act 4 ya 2000, melao ya tshebetso e lokileng le dintlhakgolo tsa ho qhwala mosebetsing, ditsamaiso tsa setegeniki tsa thuso khirong ya batho ba qhwadileng, le tumellamo ya Mafatshe a Kopaneng ka ditokelo tsa batho ba qhwadileng, ke tseding tsa ditokomane tse tlamehileng ho re di dule di hopolwa.

Molao wa ditokelo jwalo ka ha o ngotswe Molao Theong wa Naha Karolong 9(3) o bolela hore ha ho motho ya tlamehng hore a kgetholle, a tobilwe kapa a sa toba motho ka baka la kgolofalo ya hae.

Molao wa Tshebedisano le Molao wa Maemo a Tshebetso a sebetsa ho beng bohle ba mesebetsi, kgwebong, di-indastering, dihekisong le mosebetsing Afrika Borwa.

Molao wa Phumantsho ya Mosebetsi Act wa 1998 o bonahaditse ha o fana ka tshebetso ho section 9(3) ya Melao ya Ditokelo. Maikemisetso a molao ona ke ho netefatsa tekano mosebetsing ho ya ka menyetla e tshwanang le e lekannngwa ya mosebetsi.

Lefapha la Basebetsi le amohetse molao wa Mokgwa o Motle wa Tshebetso ho dintlhakgolo tsa ho qhwala mosebetsing ka ha o fana ka sethala sa tshebetso pakeng tsa monnga mosebetsi le ya mosebetsang. Bohlokwa ba molao ona ke ho hlaisa leseding, ho ruta le ho taitaisa basetsi, beng ba mosebetsi le “di-union”, ho utlwisisa maemo a tekano, diphapang, tsamaiso e tshwanang mosebetsing ho thibela kgethollo.

Tsamaiso ya thuso ya setegeniki ho khiri ya batho ba qhwadileng ke ho thusa beng ba mosebetsi, basebetsi, le “di-union”, le batho ba qhwadileng ho utlisisa molao ona ka ho fana ka taitaiso ho phetheng molao le tsamaiso.

Tumellano ya Mafatshe a Kopaneng mabapi le ditokelo tsa batho ba qhwadileng e tile tshebetso ka 3 Motsheanong 2008. Tumellano ena e fapane le tseding hobane ha e ntse e beha ditokelo ka kakaretso, e ntse e tebisana me-hato e tlamehileng ho re e latelwe bakeng sa ho netefatsa ka ho phethahala ho tshwarwa ka tsela e tshwanang e sa kgetholle.

Ho dinyehelong tse tlang retla bua ka ho teba ka dikarolo tseo re buileng ka tsona Molatheong.

Problematiese situasies vir persone met 'n onsigbare gestremdheid

Christelle Botes

Christelle Botes het 'n B. Bibl-graad in 1986 te Potchefstroom verwerf voordat sy gehoorgestremd geword het. Nadat Botes gehoorgestremd geword het in die vroeë negentiger jare het sy die Nasionale Hoër Diploma in Argiefstudies deur deeltydse studie verwerf aan die vroeëre Technikon SA (1996).

"Ek dra 'n gehoorstuk in een oor. Die ander oor is sonder enige gehoor. Situasies wat uiters problematies is:

Vergaderings.

Slegs een persoon kan op 'n keer praat. Daar moet geen ander bykomende klanke of stemme wees nie. Dan moet jy probeer om lip te lees. Pesone wat vinnig praat word moeilik gevolg. Indien 'n persoon wegkyk, verloor ek ook daardie deel van die gesprek.

In banke (Standard Bank, ABSA ens):

Die dik harde glas maak dit onmoontlik om te hoor. Verder is daar nog klanke van mense wat praat en tussenin dalk nog selfone wat lui. Soms wil die persone jou help en neem jou na 'n ander afdeling, maar daar is nog steeds harde klanke, telefone en mense wat raas en dus kan jy omtrent nie volg nie. Meesal moet jy iemand saamneem om jou met sake in die bank te help.

Swak aanwysings/inligtingsborde

Aangesien ek nie altyd goed kan hoor onder sekere omstandighede nie, maak ek baie staat op aanwysings in besighede en banke. Dikwels kom jy voor in die ry en vind uit na heelwat herhaling van die persoon se kant af, dat jy iewers anders in 'n ry moet inval.

Klassituasies / Opleidingsessies

Kan ongelukkig nie in 'n klas hoor nie. Dosent draai weg van die studente en skryf op die bord, of kyk af en lees, beweeg rond, dan is alles weer verlore. In 'n rekenaarsentrum is die klanke te veel (rekenaars, lugreëllaars en ander klanke) en kan ek ook nie volg by sulke opleiding-situasies nie.

Restourante:

Die musiek in restourante is te hard of lawaaiig en tesame met die ander klanke soos mense wat gesels, kan jy geen gesprek voer nie. Indien daar by sommige restourante gevra word om die musiek sagter te draai, is daar duidelik ongelukkigheid daaroor.

Wanneer jy wegneem ete bestel en vra dat die persone jou moet kom roep/ of jou pakkie aan jou gee, wanneer dit jou ete is, (aangesien jy nie die nommers kan hoor wat hulle uitroep nie), sal hulle nie daarop ag slaan nie, en die pakkie eenkant sit en net aangaan, met die ander bestellings.

Betaalpunte:

By sommige winkels se betaalpunte kan jy nie die bedrag sien nie, en probeer hoor hoeveel jy moet betaal. Syfers is moeilik

om te volg en daarmee saam al die ander persone se klanke maak dit haas onmoontlik om te hoor.

Selfone:

Dit is moeilik om oor 'n selfoon te hoor. Indien daar bykomende klanke is, maak dit die klanke onhoorbaar, al is die luidspreker van die selfoon aan. Sommige Telkom telefone het 'n blikklank wat dit moeilik maak om mee te hoor in die werksituasie.



UNIVERSITY OF THE FREE STATE / UNIVERSITEIT VAN DIE VRYSTAAT
Faculty of Economic & Management Sciences
Fakulteit Ekonomiese & Bestuurswetenskappe

Die geleentheid van 'n leeftyd open 'n leeftyd van geleenthede.

By die Universiteit van die Vrystaat se **Fakulteit Ekonomiese en Bestuurswetenskappe** is jy nie net 'n nommer nie. Jy is 'n individu met 'n toekoms. En nie sommer enige toekoms nie. Ons sal jou help om die beste te wees en as ons met jou klaar is, sal die wêreld aan jou voete wees. So waarvoor wag jy? Kontak ons vandag nog.



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Revolusionêre projek

Revolusionêre projek vir die transformasie vir mense met gestremdhede



'N Revolusionêre projek, die eerste projek in sy soort in Afrika, onderleiding van Prof Andre Claassen, hoof van die Departement Otorhinolaringologie (Oor, neus, keel en kop- en nekchirurgie) van die Fakulteit Gesondheidswetenskappe, Universiteit van die Vrystaat en Voices of Change (VOC), transformasie vir mense met gestremdhede, is bekend gemaak.

Die Voices of Change projek het reeds die vordering ondersoek wat die afgelope 14 jaar vir mense met gestremdhede gemaak is. Die toegangsverwante prestasies en die beste praktyke oor die tydperk van ons demokrasie is geëvalueer. Die uitdagings wat oorbly om mense met gestremdhede te bevoordeel moet nou eerlik en realisties aangespreek word.

Die beginsel van gelyke regte vir mense met of sonder gestremdhede beteken dat die behoeftes van elke individu ewe belangrik is. Sodoende is dit dan van kardinale belang dat alle moontlike bronne aangewend moet word in die vooruitbeplanning van ons gemeenskap. Gelyke geleenthede moet gebied word sodat elke gestremde 'n kans het om in die hoofstroom van ons samelewing opgeneem kan word.

Die Wêreld Gesondheidsorganisasie het bevestig en dit duidelik gestel dat lande en veral ontwikkelende lande soos Suid-Afrika, op 'n mediese-sosiale model hul beleidsrigtinge moet ontwerp. Die sosiale model vir die transformasie vir mense met gestremdhede was tot dus ver grootliks onsuksesvol. Dit is baie duidelik sigbaar uit die statistieke van die Departement van Arbeid en onder andere die Wêreld Gesondheids Organisasie, die Ontwikkelings Bank van Suiderlike Afrika en die Wereld Bank.

Die Minister van Arbeid, Mnr Mdladlana het hom sterk uitgespreek oor die laksheid van publieke en private organisasies wat versuim om mense met gestremdhede in diens te neem. Die situasie vererger jaarliks en feitlik geen vooruitgaan vir mense met gestremdhede vind plaas nie.

Die doelstelling van die Voices of Change inisiatief is om 'n bylae met artikels oor (en ook deur) persone met gestremdhede voortaan maandeliks in Volksblad, Daily Sun en een van sy tuiskoeerante, Express te laat verskyn. Sodoende moet 'n forum geskep vir alle rolspelers.

Die hantering van gestremdheid vereis kundigheid vanaf diagnose (mediese model) regdeur die persoon se ontwikkeling en beplanning tot en met sosiale en ekonomiese (sosiale model) bemagtiging.

Vele akademiese prestasies deur mense met gestremdhede is behaal oor die jare, maar vir 'n onbekende rede is hierdie "rolmodelle" nie suksesvol aangewend om ander met gestremdhede te motiveer nie. Hulle het eenvoudig "verdwyn" in die sisteem.

Die langtermyn doelwit is om Transformasie van en kennisoordrag van kundigheid en vaardigheid aan te moedig op die gebied van toeganswetgewing. Ekonomiese bemagtiging, beleidsrigtings, programme, hulptoestelle, benutting van die tegnologie en omgewingstoeganklikheid is van die belangrike doelwitte.

Met die deelname van mense met gestremdhede aan hoofstroomaktiwiteite en hoofstroomagenda van demokrasievierings sal bewuswording inisiatief aangehelp word sodat meer klem op die aangeleentheid geplaas word.

Voices of Change is as 'n nie-winsgewende organisasie in die Nasionale Departement van Maatskaplike Ontwikkeling geregistreer. Die dienste van Voices of Change is in lyn met die Departement se Ontwikkelingsgerigte Maatskaplike Welsynsbeleid. Ons doen 'n dringende beroep op korporatiewe besighede, individue en organisasies om ons bylae te ondersteun deur advertensies te plaas of in die vorm van befondsing om noodsaaklike dienste, alle vorme van ontwikkeling, hulptoestelle en tegnologie te verskaf aan mense met gestremdhede. Skakel Marianna Truter by 082-532-4798 of kontak ons per e-pos: voicesofchange.md@ufs.ac.za.

Bankbesonderhede: Voices of Change Trust
Bankrekeningnommer: 4072119782
Tak: ABSA Brandwag
Takkode: 632005
Tipe rekening: Tjek

Daar word ook 'n beroep gedoen op mense met gestremdhede om te registreer as lid van Voices of Change. Die lidmaatskap vir registrasie is verkrygbaar in die bylaag van Volksblad Vrydag 8 Mei 2009, Daily Sun Maandag 11 Mei 2009 en Express Woensdag 13 Mei 2009.

VOICES OF CHANGE (VOC): VOC vir 'n getransformeerde persepsie by almal vir die behoefte vir geleentheid vir Suid-Afrikaanse burgers met gestremdhede.

1. Word mense met gestremdhede gefasiliteer om hulle volle potensiaal te ontwikkel en te bereik?
2. Word mense met gestremdhede toegelaat om betrokke te wees in die besluitneming van wetgewing wat hulle lewens affekteer?
3. Is daar wetgewing in plek vir die vroeë diagnose en rehabilitering van mense met gestremdhede?

Ons hoop om hierdie vrae te beantwoord en nog baie meer. Die realiteit is dat die Grondwet (1996) wonderlike voorsiening maak om die ongelykheid wat uitspruit sedert die apartheid regering, maar die implementering van die Grondwet was tot dusver onsuksesvol.

Die Gelykstaande Indiensneming Wet van 1998 spreek die verwydering hindernisse vir diegene wat voorheen toegaan tot werk, vaardighede en onderrig geweier is, maar weereens is daar geen sprake van die implementering van die wetgewing nie.

Gestremdheid is 'n mediese sowel as 'n sosiale probleem. Die fokus moet dus op 'n mediese-sosiale benadering. 'n Mediese-sosiale model verleen meer 'n wetenskaplike benadering tot die onvoorsiene toestand vir mense met gestremdhede. Die emosionele-sosiale benadering van die verlede het was gewoonlik nie onderhoubaar nie.

Die mediese gesondheids welstand van kinders onder die ouderdom van 6 jaar is die verantwoordelikheid van die Departement van Gesondheid. Sommige kognitiewe gestremdhede vereis vroeë dringende, noodsaaklike implementering en hantering om beter resultate te verseker na rehabilitasie. Uit beginsel behoort die bestuur se protokol se doelwit te wees om persone met gestremdhede in die hoofstroom van die gemeenskap te integreer. Dit sal hulle in staat stel om 'n finansiële bydrae te lewer in die proses trotse Suid-Afrikaanse burgers te word.

'n Goeie voorbeeld is gehoorgestremdheid, een van die gesenaamde nie-visuele gestremdheid. Gehoorgestremdheid in klein kindertjies met geboorte of na geboorte kan bestuur word deur gehoorapparate en kognitiewe implantings in 'n groot presentasie van die gevalle. Alhoewel, indien daar 'n vertraging in diagnose en bestuur is, is dit amper onmoontlik om die kindjie te help vir die eenvoudige rede, die brein verloor sy vermoë om te leer en om te hoor en spraak te ontwikkel.

VOC beplan dus die volgende:

- Verskerp publieke bewusmaking van die probleme wat mense met gestremdhede ondervind.
- Fasiliteer toeganklikheid en keuses.
- Assisteer in die verwydering van hindernisse sodat mense met gestremdhede geïntegreer word op alle vlakke van die gemeenskap.
- Aanmoedig die betrokkeheid en interaksie met alle mense met gestremdhede.
- Verbinding met vennootskappe met ouers, professionele persone, besighede, mense met gestremdhede, die gemeenskap, die regering en die Fakulteit van Gesondheids Wetenskappe van die Universiteit van die Vrystaat met die doel om die stigma van gestremdheid te verminder.

Ons beoog om 'n aantal artikels te publiseer aangaande alle aspekte van gestremdhede. Dit sluit in statistieke, verduidelikings aangaande spesifieke gestremdhede, wetgewing ens.

Ons hoop om 'n aktiewe platform te skep sodat inligting uitgeruil kan word aangaande al die multifasette van gestremdhede. Mediese spesialiste van die Fakulteit van Gesondheids Wetenskappe sal betrokke wees in die deelname en verskaffing van inligting oor die verskeie gestremdhede in ons gemeenskappe. 'n Webwerf is ook ontwikkel en al die inligting sal beskikbaar wees in die nabye toekoms.

VOICES OF CHANGE (VOC): VOC for a transformed perception by all for the need of opportunity for disabled citizens of our country.

1. Are persons with disabilities being facilitated to achieve their full potential?
2. Are they allowed to participate in decision making policies that affect their lives?
3. Are there policies in place to allow early detection of and rehabilitation of persons with disabilities?

We hope provide answers to these questions and many more. The reality is that the constitution (96) makes wonderful provision for addressing the inequalities that have persisted after the apartheid regime but the implementation has not been forthcoming. The Employment Equity Act of 1998 addresses the removal of barriers for those who have been previously denied access to jobs, skills and education, but again are we seeing the implementation thereof?

Disability is a medical as well as a social problem. The emphasis should therefore be on a medico-social approach. A medico-social model will allow for a more scientific approach to the plight of people with disabilities. The past has often seen an emotional-social approach which was usually a non-sustainable one.

The medical well-being of children under the age of 6 years is the responsibility of Dept. of Health. Some congenital or early acquired disabilities are emergencies and the implementation of management is a race against time. The earlier management is instituted the better the outcome of rehabilitation. In principle management protocols should be aimed at getting the person with a disability into the mainstream of society. This will enable them to make a financial contribution and in the process become proud citizens of this country.

A good example is hearing impairment, one of the so-called invisible disabilities. Hearing impairment in small children whether they are pre-lingual (not having learned to speak) or post-lingual (having learned to speak) can be managed by hearing aids and cochlear implants in a large percentage of cases. However, if there is delay in diagnosis and management it becomes just about impossible to help them simply because the brain loses its ability to learn to hear and subsequently to develop speech.

VOC is therefore planning to:

- Increase public awareness of the problems that the people with disabilities face.
- Facilitate access to technology and choice.
- To assist in eliminating access barriers so that people with disabilities can integrate into all spheres of society.
- Promote involvement and interaction with all people with disabilities.
- Formation of partnerships with parents, professionals, business, people with disabilities, the community, the government and the faculty of Health Sciences of the University of the Free State in order to reduce the morbidity if impairment.

We plan to publish a series of articles relating to all aspects of disabilities. This will include statistics, explanations surrounding particular disabilities, legislation etc. We hope to initiate an interactive platform so that information can be exchanged regarding all the multi-facets of disabilities. Medical experts from our Faculty of Health Sciences will participate in presenting information on the various disabilities that we have in our communities. A website has also been developed and all this information will follow in due course. Re tshepa hore re tla fana ka dikarabo tsa potso tsena le tseding tse ngata. Ha re etla nneteng ho Molao Theo wa Naha (96) o fana ka sebaka sa ho bua ka ho selekane ho leng teng le ka mora puso ya kgetellwa, empa phethahatso ya seo ha e so phethahale. Molao wa Tekatekano Mosebetsing wa 1998 o bua ka ho tlosa meedi a thibellang ba ileng ba hloka menyeta ya phumantsho ya mesebetsi, boikwetliso le thuto, empa hape potso ke hore na re bona ho phethahala ha seo na?

Mantswe A Phetoho (MAP): MAP bakeng sa chebo e fetohileng ya bohle ho thokahalo ya menyeta bakeng sa baahi ba rona ba qhwadileng.

1. A na batho ba qhwadileng ba fumantswa thuto e lekaneng ho re ba fihlella bokgoni bohle ba bona na?
2. A na ba dumelletswa ho nka karolo diqetong tse amang maphele a bona na?
3. A na ho na le tsela e theilweng bakeng sa dipheputso tsa ka pele ho bona ha motho a qhwadile le ho mofuntsha thuso na?

Re tshepa hore re tla fana ka dikarabo tsa potso tsena le tseding tse ngata. Ha re etla nneteng ho Molao Theo wa Naha (96) o fana ka sebaka sa ho bua ka ho selekane ho leng teng le ka mora puso ya kgetellwa, empa phethahatso ya seo ha e so phethahale. Molao wa Tekatekano Mosebetsing wa 1998 o bua ka ho tlosa meedi a thibellang ba ileng ba hloka menyeta ya phumantsho ya mesebetsi, boikwetliso le thuto, empa hape potso ke hore na re bona ho phethahala ha seo na?

Ha o qhwadile, boo ke bo thata ba Fapha la tsa Bophelo bo Botle le ba Dikamano hara Setjhaba, mme kgetello e tlameha ho re e be ho tsa Bophelo le Dikamano. Setshwantsho sa Bophelo le Dikamano se tla famana ka tsela kapa mokgwa wa mahlale o ka latelwang ho thusa batho ba qhwadileng. Ha e le tse fetileng di ne di bona maikutlo le dikamano e le yona tsela, empa ha ngata o na e bile mokgwa o sa kang wa atleha.

Maemo a bophelo bo botle ba bana ba ka tlasa dilemo tse 6, ke boikarabelo ba Lefapha la Bophelo bo Botle. Ho qhwala ka tlhaho kapa ho ileng ha ithahela feela ka tshohanyetso ke ntho tse potlakileng tse hlokanng ho elwa hloko ke ketapele mme ipeisong kgahlanong le nako. Ha ketapele e ka bewa ka potlako seo se ka e tsa ditlamorao tsa kalafo e be tse kgahlsang. Tsamaiso ya ketapele e tlameha hore e shebane le ho fumana batho ba qhwadileng le ho thusa bohle ba ka hara setjhaba. Sena se tla ba thusa ho ka kgona ho etsa dinyehelo tsa ditjhelete le ho ba etsa ba ahi ba motlotlo ba naha ena.

Mohlala o motle ke botsebe tutu, e leng ho thweng ke ho qhwala ka tsela e sa bonahaleng. Botsebe tutu baneng ho sa kgathalesehe hore ke pele ho puo (ba eso ithuti ho bua) kapa kamora puo (ba se ba ithutile ho bua) sena se ka alafuwa ke Dithusa-kutlo kapa opereishene ya tsebe le ho kenya setho sa kutlo dipresenteng tse ngata. Le ha hole jwalo ha ho e na le tieho ho ka etsa ditoko le ho leka ho fana ka kalafo, hobaneng ba ho ka ba alafa hobane boko bo lahlehelwa ke bokgoni ba ho ithuta ho utlwa esitana le ho ithuta puo.

MAP e lohotha tse latelang:

- Ho eketsa thlokomediso ya setjhaba ka mathata ao batho ba qhwadileng ba teanang le ona.
- Ho leka hobaneng ho "technology" le phetoho.
- Ho leka ho tlosa mathata a thibellang batho ba qhwadileng ho ba le kabelo esita le ho ikamanya le setjhaba mekgahlelong yohle.
- Ho phahamisa le ho kgothaletsa batho ba qhwadileng ho nka karolo setjhabang.
- Ho thea ditsebedisano pakeng tsa batswadi, batho ba nang le boiphithlalo (professionals), mebaraka, setjhaba sa batho ba qhwadileng, Puso, le Lefapha la Thuto la tsa Bophelo Bobotle la Universiti ya Foreisetata ho fokotsa mathata a ba tobileng.

Re ikemiseditse ho phatlalatsa letoto la dingolwa mabapi le nthla tsa kholofalo. Tsena di tla kenyeletsa dipalopalo, ditlhaloso mabapi le ho qhwala, le meloa theo, le tseding. Re tshepa ho qala sebaka kapa sethala sa dipuisano ho re re arolelane ka nthla tsa bohlokwa mabapi le kholofalo. Boramahale ba thuto tsa bongaka ba Lefapha la tsa Bophelo bo Botle le tla nka karolo ho fana ka lesedi kapa nthla tsa bohlokwa ka mofuta e mengata e teng ka hara setjhaba sa rona. Ho na le "Web-side" e ahlweng ho thusa ka di puisano le tlhaliso leseding, mme tse malebana le yona di tla latela ka nako e sa fediseng pelo.



Magteld Smith

Legal mandate and definition of people with disabilities

The Constitution of the Republic of South Africa, 1996, the Employment Equity Act, 55 of 1998 and the Code of Good Practice on the Employment of People with Disabilities provides the legal mandate and basis on which the project Voices of Change is designed. According to section 9(3) of the Constitution, it is stated that "the State may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth."

The Employment Equity Act seeks to ensure that the workplace is free of discrimination and to promote employment equity through advancement of designated groups in the workplace. People with disabilities constitute one of the designated groups. Section 1 of the Act defines people with disabilities 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."

Government further elaborates on the definition of "people with disabilities" and outlines the basic criteria for the definition. Furthermore, in determining whether a person has a disability, one would have to read the definition as contained in the Employment Equity Act, in conjunction with the Cabinet adopted definition, and the definition as contained in the United Nations Convention on the Rights of Persons with Disabilities to which South Africa is signatory.

Article 1 of this Convention defines people with disabilities to "...include those who have a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

In 2006, Cabinet adopted the definition of disability as "the loss or elimination of opportunities to take part in the life of the community equitably with others that is encountered by persons having physical, sensory, psychological, developmental, learning, neurological, or other impairments, which may be permanent, temporary, or episodic in nature, thereby causing activity limitations and participation restriction with the mainstream society."

Modern concept in managing hearing impaired infants and children

The tragedy of the young deaf baby is difficult for an adult to truly understand. A child who is born with a severe degree of deafness or who becomes deaf in early childhood and is not managed appropriately, will not learn to talk and is therefore not only deaf but also dumb. They also do not develop inner speech which forms the basis of our thought processes. When we think we formulate our thoughts and ideas into words and sentences. Therefore loss of inner speech can impact on the child's intellectual and emotional development.

So how does speech develop? The normal baby can hear sounds even from the time before birth. Babies do not understand the sounds initially, but because of their special aptitude during especially the first year of life to distinguish sounds it develops meaning to them. The first year of life is the so-called period of READINESS TO LISTEN and is an extremely important period in the development of hearing. Then follows the period of readiness to speak 12-18 months.

The developing baby realizes the significance of sounds and also that they themselves can produce sound. The latter is possible if they have hearing, be-

cause if they cannot hear the sound that they produce it will have no meaning to them. They soon realize that the sounds that they produce can illicit reaction in their environment e.g. mothers footsteps when they cry etc etc.

The ideal situation for a baby is to be close to its parent's with love and security, being well fed and cared for. A mother can use up to 305 words per half hour when busy with a baby perhaps sitting on her lap close to her. This ensures a continuous source of stimulation which optimizes the process of learning to hear. Under normal conditions a baby will have heard the word mamma 20 000 times before being able to say it himself. This emphasizes how complicated it is for a normal hearing baby under ideal circumstances, to learn to say the word mamma for the first time. This might take a year or even more. How difficult is it then for a hearing impaired baby to learn to do the same?

This emphasises the need to diagnose hearing impairment as early as possible. The earlier that management is started, the better the outcome. The larger majority of hearing impaired babies can be

rehabilitated either by supplying strong hearing aids or by doing a cochlear implantation.

The tragedy of a late diagnosis is that rehabilitation can become impossible. The baby is most receptive to learn how to hear and then to speak during the first 3 years of his life. From there on it becomes more difficult and later on impossible. Therefore the window of opportunity is a critical period in the young child's life. The brain, if not stimulated by sound in the first 3-4 years of life loses its ability to learn how to hear and then to speak.

What causes deafness in early childhood?

Fifty percent of early severe childhood hearing loss is due to genetic factors. Researchers are studying the genetic factors responsible and significant progress is being made. This, however, emphasises the importance of a family history which might be regarded as a risk factor.

The second big group of causes of early childhood deafness is the acquired one. Together these 2 groups result in profound hearing loss in 1-8 per 2000 births.

In the next edition we will discuss some of these causes and also how early deafness can be diagnosed.

General etiquette when communicating with people with disabilities

Speak about a person with a disability by first referring to the person and then to the disability. Refer to "people who are blind" rather than to "blind people."

When talking with a person with a disability, speak directly to that person rather than to a companion or sign language interpreter who may be present.

When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.

When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.

If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.

Treat adults as adults. Address people who have disabilities by their first names only when extending that same familiarity to all others present. Never patronize people who use wheelchairs by patting them on the head or shoulder.

Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.

Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for that person. If necessary, ask short questions that require short answers, a nod, or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond. The response will clue you in and guide your understanding.

When speaking with a person in a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.

To get the attention of a person with a disabling hearing impairment, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly. Not all people who are deaf can "read lips". For those who do "read lips", be sensitive to their needs by placing yourself facing the light source and keeping hands, cigarettes, and food away from your mouth when speaking.

Relax. It's okay if you happen to use accepted, common expressions, such as "See you later" or "Did you hear about this," that seem to relate to the person's disability.

Sensitivity to Blindness and Visual Impairments

The following points of etiquette are helpful to keep in mind when interacting with a person who is blind or visually impaired.

Introduce yourself to people who are blind or visually impaired using your

name and/or position, especially if you are wearing a name badge containing this information.

Speak directly to people who are blind or visually impaired, not through a companion, guide, or other individual.

Speak to people who are blind or visually impaired using a natural conversational tone and speed.

Address people who are totally blind or severely visually impaired by name when possible. This is especially important in crowded areas.

Immediately greet people who are blind or visually impaired when they enter a room or a service area. This allows you to let them know you are present and ready to assist. It also eliminates uncomfortable silences.

Indicate the end of a conversation with a person who is totally blind or severely visually impaired to avoid the embarrassment of having them continue speaking when no one is actually there.

Feel free to use words that refer to vision during the course of conversations with people who are blind or visually impaired. Vision-oriented words such as look, see, and watching TV are a part of everyday verbal communication. The words blind and visually impaired are also acceptable in conversation.

Be precise and thorough when you describe individuals, places, or things to people who are totally blind. Don't leave things out or change a description because you think it is unimportant or unpleasant. It is also important to refer to specific people or items by name or title instead of general terms like "you", or "they" or "this."

Feel free to use visually descriptive language. Making reference to colours, patterns, designs, and shapes is perfectly acceptable.

Offer to guide people who are blind or visually impaired by asking if they would like assistance. Offer them your arm. It is not always necessary to provide guided assistance; in some instances it can be disorienting and disruptive. Respect the desires of the person you are with.

Guide people who request assistance by allowing them to take your arm just above the elbow when your arm is bent. Walk ahead of the person you are guiding. **Never grab a person who is blind or visually impaired by the arm and push him/her forward.**

Guide dogs are working mobility tools. Do not pet them, feed them, or distract them while they are working.

Do not leave a person who is blind or visually impaired standing in "free space" when you serve as a guide. Always be sure that the person you guide has a firm grasp on your arm, or is leaning against a chair or a wall if you have to be separated momentarily.

Be calm and clear about what to do if you see a person who is blind or visually impaired about to encounter a dangerous

situation. For example, if a person who is blind is about to bump into a stand in a hotel lobby, calmly and firmly call out, "Wait there for a moment; there is a pole in front of you."

Interacting with people with INVISIBLE disabilities

There are a variety of disabilities, such as stroke, cerebral palsy, and deafness that may involve speech impairments. People with speech disabilities communicate in many different ways.

People who have speech disabilities may use a variety of ways to communicate. The individual may choose to lip read, written communication, assistive devices, use sign language, write, speak, use a communication device, or a combination of methods. Find out the person's preferred method and use it.

Be appropriate when speaking with a person with a speech disability. Never assume that the person has a cognitive disability just because he or she has difficulty speaking.

Move away from a noisy source and try to find a quiet environment for communicating with the person.

If the person with a speech disability has a companion or attendant, talk directly to the person. Do not ask the companion about the person.

Listen attentively when you are talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or shake of the head.

If you do not understand what the person has said, do not pretend that you did. Ask the person to repeat it. Smiling and nodding when you have no idea what the person said is embarrassing to both parties. Instead, repeat what you have understood and allow the person to respond.

When you have difficulty conversing on the telephone with the person, suggest the use of a speech-to-speech relay service so that a trained professional can help you communicate with the person. Either you or the person can initiate the call free of charge via the relay service.

If the person uses a communication device, make sure it is within his or her reach. If there are instructions visible for communicating with the person, take a moment to read them.

Do not make assumptions about what a person can or cannot do based on his disability. All people with disabilities are different and have a wide variety of skills and personalities.



Carel du Toit Centre in Bloemfontein



Prof A J Claassen, Chairperson of the Carel du Toit Centre with some of the children



The MISSION of the Carel du Toit Centre is straightforward and easy to understand for parents who feel discouraged by the discovery of their child's deafness.

- We believe, and know, that children with a hearing loss have the same capacity as children with normal hearing, to learn to speak.
- We believe that children with a hearing loss must be exposed to day-long listening through the use of appropriate hearing-aids or a cochlear implant.
- A hearing environment is created at our Centre, the same as for normal hearing children, where the child with a hearing loss will learn to speak by learning to listen in a natural environment.
- Listening experiences and natural interaction create an intensive speech-development environment, which leads the child to linguistic competence. This process continues throughout the school years, laying a solid foundation for life.

Our Approach

The approach followed at The Carel du Toit Centre is based on the EARLY IDENTIFICATION of the hearing loss and the fitting of hearing-aids or a cochlear implant.

We believe that with early identification, providing there are no further complications, a large percentage of deaf children are able to acquire sufficient speech and language abilities in order to be able to adapt intellectually, socially and emotionally in a society of hearing people.

In fact, many of our pupils continue their education in Mainstream Schools.

Turn a deaf ear ? - NEVER!

Being deaf does not mean that your child will be unable to learn to listen and speak.

Even children who hear normally have to learn to LISTEN and to SPEAK.

- Almost all babies who are born deaf have some degree of hearing which can be used to develop listening and speech abilities.
- The hearing of babies and young children can be tested accurately, even within hours of birth.

- A significant percentage of children with hearing impairments can and do acquire good language skills.



Professor Carel du Toit founded this multi-racial centre in 1973 as an integral part of the EAR, NOSE and THROAT DEPARTMENT of the Tygerberg Academic Hospital Complex, which is the teaching hospital of the University of Stellenbosch.

The Carel du Toit Centre is proud to have received the following distinctions:
PRO MERITAS AWARD - Medical Association of SA - Prof Carel du Toit (MB; ChB; DJM & H MMED (L et O) - June 9, 1988.

THE ORDER FOR MERITORIOUS SERVICE (GOLD) - Prof Carel du Toit (posthumum) "For exceptional merit by rendering exceptionally meritorious service in the general public interest" - November 16, 1990.

INTERNATIONAL AFFILIATE FOR THE ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING. The Carel du Toit Centre is the South African affiliate to this organisation - June 18, 1999.

The hearing-development programme which the Centre follows is based on sound principles applied in clinics abroad and adapted to South African circumstances. The Western Cape Education Department also plays a leading role in supporting the Centre.

Sukkel om te hoor? Ons kan help.

Min dinge is so frustrerend as om nie goed te kan hoor tydens 'n gesprek nie, veral in 'n raserige omgewing soos in 'n restaurant. Ons personeel sal u die allerbeste advies gee rakende u gehoor en boonop waarborg ons u tevredenheid - of ons betaal met graagte u geld terug.*

Ons omvattende reeks digitale gehoorapparate dek elke tipe gehoorverlies en begroting en ons is welbekend vir ons voortreflike naverkoopdiens. Elkeen van ons moderne toegeruste kantore het veilige parkering op die perseel. Skakel vandag nog een van ons Gehoordeskundiges om 'n afspraak te maak. Ons waarborg* 'n verbetering in u gehoor en duidelike onderskeid van spraak in raserige omgewings.



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Disability poses no limits to success



Basic Medical Sciences lectures from the left are: Mrs Amanda Nel, Dr Juan Venter, Mr Johan Steyl and Dr Pieter Oosthuizen

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No child is too young to receive a thorough hearing evaluation

In fact, an accurate and complete hearing assessment can even be completed at birth.

Behaviour observation techniques as well as more objective tests are used to assess the hearing of babies and infants. Conventional behavioural hearing tests require the child to respond to soft sounds in some way. For example, verbally, by picture pointing, raising the hand or through a "game". For infants and toddlers a head-turn response to a test signal is usually the best testing method.

For newborns or infants and children who cannot reliably perform the behavioural test procedures, other more objective tests such as an auditory brainstem response, can help determine hearing abilities. Clicks or tonal "pips" are sounded in an infant's ears through earphones. The electrical charges produced by the cochlea in response to the tones are recorded. The results provide an estimate of the hearing sensitivity and information about the functioning of the auditory pathway to the brain.

Otoacoustic emissions (OAE'S) provide a further new and unique way of

examining the functioning of the cochlea. Sounds are sent to the child's ear via a small receiver. A microphone records the response to the sound from the cochlea. This provides valuable information about the sensory hair cells in the cochlea.

If your child has a hearing loss that cannot be treated medically or surgically, your audiologist will inform you about the various communication options available.

The child is referred to an ear, nose and throat specialist in order to medically confirm the audiological test results or manage any medically-related treatable hearing problems.

Audiologists focus attention on assessing a child's hearing and recommend further management, when necessary. Paediatric hearing examinations, especially when hearing impairment is suspected, are part of the ongoing, age-specific process, as the child grows older, leading to more accurate hearing results. A battery of specific age appropriate test procedures are performed.

Dr. Iain Butler, Otorhinolaryngologist, Universitas Hospital



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- Gestig in Maart 1997
- 23 000 werknemers
- Produkiesfasiliteite beslaan 2 miljoen vierkante meter
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 - 2 enjin-produksielinye
 - 1 ratkas-produksielinye
- Jaarlikse produksiekapasiteit: 650 000 voertuie plus 400 000 enjins en 300 000 ratkaste
- Grootste huishoudelike handelsnaam Chinese voertuigvervaardiger
- Eie handelsmerk enjin, ACTECO
- R & D-sentrum met meer as 2 000 ingenieurs
- Doelwit: om 1 miljoen voertuie in 2010 te bou (50% vir uitvoer)

Chery QQ3 stel 48-uur-Afrika en Suid-Afrikaanse rekords op vir 800-cc- en 1100-cc-voertuie by die Gerotek-toetsfasiliteit.

Oor 48 uur, van 2 tot 4 September 2008, is die volgende resultate behaal:

Die QQ3 1100cc het 'n gemiddelde spoed van 151.2 km/uur oor 7 262 km behaal, terwyl die QQ3 800cc gemiddeld 132.7 km/uur oor 6 369 km behaal het. In totaal het die deelnemende voertuie 'n afstand van 33 351 km afgeleë.

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APPLICANT DETAILS / AANSOEKER BESONDERHEDE (PERSON WITH A DISABILITY) / (PERSOON MET 'N GESTREMDHEID)			
Full Names <i>Volle Name</i>			
Surname <i>Van</i>			
Title <i>Titel</i>		Marital status <i>Huwelikstatus</i>	
ID number <i>ID-nummer</i>		Gender <i>Geslag</i>	
		☐ Male <i>Manlik</i>	
		☐ Female <i>Vroulik</i>	
Residential Address <i>Woonadres</i>		E-mail address <i>E-pos adres</i>	
		Postcode <i>Poskode</i>	
Postal address <i>Posadres</i>		Cellphone <i>Selfoon</i>	
		Postcode <i>Poskode</i>	
Date of birth <i>Geboortedatum</i>		Occupation <i>Beroep</i>	
Please tick ☒ the applicant's preferred method/s of communication Merk asseblief ☒ die aansoeker se voorkeur metode/s van kommunikasie			
☐ English <i>Engels</i>			
☐ Afrikaans			
☐ South Sotho <i>Suid-Sotho</i>			
☐ Telephone <i>Telefoon</i>			
☐ Email <i>E-pos</i>			
☐ Mailing <i>Pos</i>			
☐ Symbols and pictures <i>Simbole en prente</i>			
☐ Braille			
☐ Audio <i>Klank</i>			
☐ Deafblind signing <i>Doof-blind gebare</i>			
☐ Finger spelling <i>Vingerspel</i>			
☐ Sign language <i>Gebaretaal</i>			
☐ Large print <i>Groot druk</i>			
☐ Total communication <i>Volle kommunikasie</i>			
☐ SMS texting <i>SMS teks</i>			
☐ Other (please specify) <i>Enige ander metode (spesifiseer asseblief)</i>			
WHEN WERE YOU DIAGNOSED WITH A DISABILITY/TIES? WANNEER IS U MET 'N GESTREMDHEID GEDIAGNOSEER?			
☐ Birth <i>Geboorte</i>			
☐ Age <i>Ouderdom</i>			
☐ Autism <i>Outisme</i>		☐ Disabling hearing impairment (deafness) <i>Gehoorgestremd (doofheid)</i> Do you have difficulty hearing, even if using your hearing aid?	
☐ Visual impairment (blindness) <i>Gesigsgestremd (blindheid)</i> Do you have difficulty seeing, even if wearing your glasses? <i>Is dit vir u moeilik om te sien tenspyte daarvan dat u 'n bril dra?</i>		☐ Speech impairment <i>Spraak gebrek</i>	
☐ Do you have difficulty walking or climbing steps? <i>Is dit vir u moeilik om te stap of om trappe trappe te klim?</i>		☐ Do you have difficulty remembering or concentrating? <i>Is dit vir u moeilik om te konsentreer of dinge te onthou?</i>	
☐ Do you have difficulty with self-care, such as washing all over or dressing? <i>Het u enige problem met selfversorging, soos bad of stort en om u self te klee?</i>		☐ Because of a physical, mental, or emotional health condition, do you have difficulty communicating, (for example understanding or being understood by others)? <i>Is dit vir u moeilik As gevolg van 'n fisiese, geestelike of emosionele toestand om te kommunikeer met ander of om verstaan te word?</i>	

☐ **Do you have any difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?**
Ondervind u dit moeilik om deel te neem aan gesamentlike aktiwiteite in u gemeenskap.

PARENT OF A PERSON/S WITH A DISABILITY/TIES OUER MET 'N KIND/ERS MET 'N GESTREMDHEID/HEDE		
Education <i>Opvoeding</i>	Marital status <i>Getroude status</i>	Employment <i>Werksaamheid</i>
☐ No schooling <i>Geen skoolopleiding</i>	☐ Married <i>Getroud</i>	☐ Employed fulltime <i>Werkzaam voltyds</i>
☐ Primary school <i>Primêre skool</i>	☐ Living together <i>Woon saam</i>	☐ Unemployed <i>Werkloos</i>
☐ High school <i>Hoërskool</i>	☐ Never married <i>Ongetroud</i>	☐ Entrepreneur
☐ Certificate <i>Sertifikaat</i>	☐ Widower/widow <i>Wewenaar/wedevrou</i>	☐ Employed part-time <i>Werkzaam deelyds</i>
☐ Diploma	☐ Divorced <i>Geskei</i>	
☐ Degree <i>Graad</i>	☐ Missing <i>Vermis</i>	
☐ Postgraduate <i>Nagraads</i>		

PERSON WITH A DISABILITY/TIES PERSOON MET 'N GESTREMDHEID/HEDE		
Education <i>Opvoeding</i>	Marital status <i>Getroude status</i>	Employment <i>Werksaamheid</i>
☐ No schooling <i>Geen skoolopleiding</i>	☐ Married <i>Getroud</i>	☐ Employed fulltime <i>Werkzaam voltyds</i>
☐ Primary school <i>Primêre skool</i>	☐ Living together <i>Woon saam</i>	☐ Unemployed <i>Werkloos</i>
☐ High school <i>Hoërskool</i>	☐ Never married <i>Ongetroud</i>	☐ Run or do any kind of business, big or small, for yourself or with



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Please send your application to: The Marketing Manager: Department of Otorhinolaryngology, Faculty of Health Sciences, University of the Free State, Francois Retief Building, Block B, Room 112, PO Box 38425, Langenhovenpark 9330, or email to (voicesofchange.md@ufo.ac.za). All applications must be accompanied by the following:

- A detailed curriculum vitae
- Full details of three referees
- Certified copies of qualifications

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