

CENTRE FOR UNIVERSAL ACCESS AND DISABILITY SUPPORT (CUADS)

REASONABLE ACCOMMODATION REQUEST

Disability support is a specialized coordinating function with support provided to students with disabilities, which includes assistance in their academic, administrative, physical, student life and support environments in order to facilitate academic success.

At CUADS and in partnership with other roleplayers at the UFS, we aim to support you in order to assist you to fulfil your academic potential. Please complete the questions below and attach copies of medical and / or psychological reports verifying your reasonable accommodation requirements, or reports from schools or education departments, such reports should not be more than 3 years old.

Please complete the below table and indicate by ticking the applicable box where necessary:

PERSONAL BIOGRAPHICAL INFORMATION

Surname _____ Initials _____ Title _____

Student number _____

ID / Passport nr _____

SA Citizen International student _____
If yes – kindly indicate from which country

Population group African Coloured Indian White Other
(as required by Department of Higher Education & Training)

CONTACT INFORMATION

Residential address _____

Cell number _____ Home Tel _____

Email address _____

TYPE OF REGISTRATION

Programme of study – e.g. BCom (Accounting) _____

Campus Bloemfontein Qwaqwa South

DISABILITY

Visual Learning difficulty
 Hearing / Communication Mobility / Physical
 Psychological Other _____

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transforming lives
through quality,
impact, and care.*

VISION **130**
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towards 2034*

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UFS
CENTRE FOR UNIVERSAL
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Disability description (please indicate what your diagnosed disability or condition is):

Indicate the type of support you are currently receiving at school / institution / or privately:

Kindly complete the following regarding reasonable accommodations that you have received from previous institutions or may require from the UFS. Please supply details of your reasonable accommodation requests in the spaces provided:

Residences – if you have applied to stay in a campus residence, please specify the accommodation required, i.e. ground floor, single room, roll-in shower, grab rails etc.

Test / Exam Concessions – According your Health Care Professional, do you require any concessions for tests and exams? i.e. extra time, use of computers, amanuensis/scribe, enlarged paper etc. (please attach proof)

Assistive Devices – Do you make use of any assistive devices? i.e. magnifier, specialized software, recorder, hearing aids, etc.

Lecture venues – Please indicate your reasonable accommodation needed in lecture venues, i.e. sit in front, enlarged notes, etc.

Study material – Do you require study material in an alternative format? i.e. E-text, Braille, enlarged print, etc.

Please indicate any other information that may be relevant to support you at university:

Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability.

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INFORMED CONSENT AGREEMENT FOR THE PROVISION OF DISABILITY SUPPORT

DISCLOSURE

CUADS strives to help provide a discrimination-free and inclusive environment for students with disabilities by helping to remove those barriers to living and learning that will encourage equal, full and independent participation in university life. The student is entitled to keep the disability status confidential but by so doing, the University will remain unaware of the challenges and not be in the position to help the student. By disclosing your disability and relevant personal information, you enable CUADS staff members to remove possible barriers to your learning opportunities. Confidentiality is central to trust between CUADS and the student and as a student you have the right to expect that your personal information will be held in confidence and effectively protected against improper disclosure at all times. No personal information will be disclosed unless consent has been provided either orally or in writing by the student (National Health Act). In order to remove certain barriers and provide the necessary support that you need, CUADS staff members will need to liaise with your faculty and department. By signing this form and in personal consultation with CUADS, you give permission to CUADS to engage with faculty and recommend reasonable accommodations that need to be made.

Do you give permission that this information can be shared? Yes No

Signature _____ Date: _____

Kindly email this form to cuads@ufs.ac.za, or if you are uncertain of the best strategies to effectively deal with your disability while studying at the UFS, please also contact us at cuads@ufs.ac.za. You will be provided with a contact person within CUADS to assist with individual enquiries.