



**SOUTH AFRICAN DISABILITY DEVELOPMENT TRUST
(SADDT)**

**SECOND CALL FOR APPLICATIONS 2021-2022
ASSISTIVE DEVICE APPLICATION FORM**

Office use	
------------	--

Note: Please fill all the information required

SECTION A: PERSONAL DETAILS

Names and Surname: _____

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender:

Male		Female	
------	--	--------	--

Race:

Black		Coloured		White		Asian		Other	
-------	--	----------	--	-------	--	-------	--	-------	--

Physical Address	Town
Province	Municipality

Contact Details					
Work No		Cell No		Email	

Disability: _____

Kindly describe your disability

How was the Assistive Device Programme brought to your attention?

Note: Please attach proof of disability by Medical certificate not an affidavit.

SECTION B: EMPLOYER'S DETAILS:

Employment Sector:

Private		Public		Self Employed		NGO/CBO	
---------	--	--------	--	---------------	--	---------	--

Name of Company: _____

Company Physical Address

Your position at current Employment:

Duration of Employment:

Is your employment?

Full time		Part time (Fixed term)	
-----------	--	------------------------	--

Salary Scale Per Annum: *(Mark with an X)*

No	Category	
1.	R0,00 – R36 000, 00	
2.	R36 150,00 – R60 400,00	
3.	R60 400,00 – R120 000,00	
4.	R120 000,00 – R300 000,00	
5.	R300 000, 00 and above	

Please describe your occupation and Job Description.

Contact Person and Details: *(Person who can confirm your employment)*

Name					
Position					
Contact Details					
Work No		Cell No		Email	

SECTION C: PREVIOUS BENEFICIARIES

Have you benefited an assistive device from SADDT before?

YES		NO	
-----	--	----	--

If yes, please fill in the box below:

Assistive Device Provided	Amount	Year

SECTION D: DETAILS OF THE ASSISTIVE DEVICE YOU ARE APPLYING FOR:

Assistive Devices requested: _____

Attachments	Name of Supplier	Amount
Quotation 1		R
Quotation 2		R
Quotation 3		R

Indicate your preferred quotation:

Quotation:	R
------------	---

If the request exceeds the SADDT maximum amount, please fill in the split below:

Own Contribution	Amount requested from SADDT	Total
R	R	R

SECTION E: MOTIVATION

Please motivate or give reasons why SADDT should approve your application:

Disclaimer:

In accordance with the Protection of Personal Information Act 4 of 2013, by signing this application form you give South African Disability Development Trust your permission to use your personal information and material (pictures) for all SADDT reports and funder/Donor reports.

APPLICANT'S SIGNATURE: _____ **Date:** _____

CHECKLIST

Please Note: All the above documents need to be attached, as they form part of the SADDT adjudication process. (Please tick the appropriate box).

No	Documents	Tick
1.	SADDT Assistive Device Application Form.	
2.	ID Copy.	
3.	Quotes/Quotations.	
4.	Proof of Employment/Self-Employment.	
5.	Medical proof of disability from a registered practitioner (Not more than 3 months).	
6.	Full length picture of applicant.	

Please Email the Application form with all supporting documents to: AD2021@saddt.org.za