

APPLICATION FORM FOR DRIVER TRAINING – KZN

Please complete this form IN FULL. Any unanswered areas or lack of supplementary required documentation will halt the processing of this application until they are either completed or supplied. Please send a full body picture with your application.

Name			ID Number		
Physical Home Address				Suburb	
Work Address				Suburb	
Email					
Mobile Number			Telephone		

Please complete the following questions – circle the correct answer

Are you a member of QASA or a Regional Association? If No complete forms			Yes	No	Region:		Year:	
Do you have a learner's licence? Kindly attach a copy	Yes	No	Licence No:					
			Expiry Date:					
Do you have a driver's licence? Kindly attach a copy	Yes	No	Licence No:					
			Expiry Date:					
Have you previously had a licence?	Yes	No	If yes please attach a copy					
What restrictions do you have on your current licence?								
Do you have any endorsements on your current licence?			Yes	No	If yes what?			

MEDICAL INFORMATION

Describe your disability (Please describe the amount of function that you have in your arms and legs to help us assess whether you will be able to use the controls on our vehicles)						
Do you have function in your legs?	Yes	No	Do you have use/function in your arms?		Yes	No
Left leg function?	Yes	No	Do you need to use a vehicle with hand controls?		Yes	No
Right leg function?	Yes	No	Do you think you will need a driving assessment?		Yes	No
How long have you had mobility restrictions?						
Have you ever had an epileptic fit?	Yes	No	If Yes	How many?		When was the last incident?
Do you suffer from diabetes?	Yes	No	If Yes describe what treatment you are currently on:			
Do you have any visual problems?	Yes	No	If Yes provide a description of your visual problem:			
Have you suffered any form of head injury, stroke or required any form of brain surgery?	Yes	No	If Yes what was the date of the injury or surgery?			
Have you ever been admitted to hospital for any form of Mental Health treatment?	Yes	No	If Yes provide details of your diagnosis & when you were last in hospital:			

Have you ever been, or are you currently under curatorship?	Yes	No	If Yes supply the name and contact details of your curator:		
Do you currently take medication on a regular basis?	Yes	No	If Yes please list the medication & dosage:		
INCOME INFORMATION (this section must be completed)					
Are you on a Disability Grant?	Yes	No	If yes, what is the Grant number? Attach copy		
Are you currently employed?	Yes	No	Are you able to do lessons during working hours?	Yes	No
If yes, please give employers detail: (in case of illness or we need to contact you and your cellphone is not working/operational)		Name of Company			
		Landline Number			
		Name of Manager/Supervisor			
What are your work hours?			Are you comfortable to be instructed in English?	Yes	No
Do you have preferred days & times for driving lessons?					
Please indicate your income bracket (please mark with an X next to relevant one):			R0-R3000		R8000-R10000
			R3000-R5000		R10000+
			R5000-R8000		Attach a copy of latest payslip
I hereby declare that the above information is true and correct:		Signature:			

Please note: QASA will respond in writing to this primary application with a request for more information or a decision on the application. QASA will inform you if we feel you need to have an assessment with an Occupational Therapist before a decision is made on this application.

ALL OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY EVERY APPLICATION:

<u>CHECKLIST</u>	<u>TICK</u>
A QASA Membership Application Form – if not a member already	
A Driving Ambitions Application form with ALL areas completed	
A copy of your ID - all applicants must have a valid South African ID book	
A copy of your grant document / payslip from Employer	
A copy of your Learners License / Driver's License for conversions	
A full length body picture of you	