



QuadPara Association of South Africa (QASA)

PO BOX 2368, PINETOWN, 3600; 17 Hamilton Crescent, Gillitts, 3610

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NPO 000-881

2017 WHEELCHAIR APPLICATION FORM

QASA is seeking quadriplegics and paraplegics who need wheelchairs. Preference will be given to applicants from rural areas.

A full body picture must accompany all applications. Send application to projectcoordinator@qasa.co.za

Applicant Name		Identity Number	
Address			Race Group
Telephone	Fax	Cell Number	
Email			
State Disability			
Are you a member of a disability organisation?	Yes	No	If so, whom?
Please state if you are employed, have access to a disability grant or have any other sources of income:			
			Monthly income: R
Do you have a wheelchair? (circle) If Yes state condition	Yes	No	
If you are on a Disability Grant have you applied to the State for a wheelchair? (circle)			
		Yes	No
If yes, where?	What was the outcome?		
Reason for wanting a wheelchair:			
Applicant's contribution towards wheelchair R			
Type needed (circle)	Push Chair	Power Chair	CP Buggy Rural Design Chair Commode
State whether the wheelchair will be used indoors or on rough terrain:			
Measurements (Please complete this accurately)			
Lower back to knee:	Knee to heel:	Outer hip to hip:	
Size of wheelchair (circle):	14"	16"	17" 18" 20"
DECLARATION			
I, _____, will not sell the wheelchair should I not need it. I will advise the Association should this situation arise. I will maintain the wheelchair as advised and to the best of my ability.			
Signature:	Date:		
<p>Only fully completed applications with a picture will be considered.</p> <p>By signing this you agree that QASA can use your photo for promotional purposes.</p> <p>QASA's decision should be considered final and no further correspondence will be entered into.</p> <p>Successful applicants must submit a Thank You letter and picture with their wheelchair once received.</p>			
<i>For office use only</i>			
Date received:	Photo received:		