



QuadPara Association of South Africa (QASA)

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

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NPO 000-881

2018 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:	
Only fully completed applications with a picture will be considered. By signing this you agree that QASA can use your photo for promotional purposes. QASA's decision should be considered final and no further correspondence will be entered into. Successful applicants must submit a Thank You letter and picture with their wheelchair once received.			
<i>For office use only</i>			
Date received:		Photo received:	