

**QuadPara Association of South Africa (QASA)**

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

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NPO 000-881

**2019 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](mailto: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:			
<b>The applicant must have applied from State healthcare / Medical aid for the device and show proof of application and outcome.</b>			
			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:			
<b>Measurements (Please complete this accurately)</b>			
Lower back to knee:		Knee to heel:	Outer hip to hip:
Size of wheelchair (circle):	14"	16"	17"
			18"
			20"
<b>DECLARATION</b>			
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:	
<b>Only fully completed applications with a picture will be considered.</b>			
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.			
<b>Successful applicants must submit a Thank You letter and picture with their wheelchair once received.</b>			
<i>For office use only</i>			
Date received:		Photo received:	