



## QuadPara Association of South Africa (QASA)

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

Tel: 031 7670348 / 7670352

NPO 000-881

### 2024 WHEELCHAIR APPLICATION FORM

QASA provides appropriate wheelchairs to quadriplegics and paraplegics. Send application to [info@gasa.co.za](mailto:info@gasa.co.za)

Applicant Name				Identity Number			
Address				Race Group			
Telephone				Cell Number			
Email							
State Disability							
Are you a member of a disability organisation?	Yes	No	If so, which one?				
Please state if you are employed, have access to a disability grant or have any other sources of income:							
Disability Grant				Monthly income:			
Do you have a wheelchair? (circle) If Yes state condition <i>(submit current photos / 30 second video)</i>	Yes	No					
If you receive a Disability Grant, have you applied to the State for a wheelchair? (circle)				Yes	No		
If yes, where?			What was the outcome? <i>(submit proof of decline)</i>				
Motivation for needing a wheelchair:							
<b>The applicant must have applied to State healthcare / Medical aid for a device and show proof of application and outcome.</b>							
I agree to 10% contribution from towards wheelchair							
Type needed (circle)	Push Chair	Power Chair	CP Buggy	Rural Design Chair	Commode		
Other comments							
Hand controls (power chairs) Please indicate whether left or right)-please tick	Left		Right		Other comments:		
State whether the wheelchair will be mostly 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:			

