



## QuadPara Association of South Africa (QASA)

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

Tel: 031 7670348 / 7670352

NPO 000-881

### 2026 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							
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 Medical Aid?	Yes	No					
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>							
The applicant must be in a position to fund a percentage as determined by the Executive Board on approval of the application							
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:		

