



003-130 NPO | Section 21 Company

Address:
11 Uranium Street
Triangle Farm
Bellville
Tel: 021 945 4988/1
ot@csi-npo.co.za

APPLICATION FORM

Date of application: (DD/MM/YYYY) _____

Please note:

By filling out this form, you consent to have your and or the client applying for the Work Preparation Program at Chris Steytler Industries (CSI) personal information to be reviewed and kept on record. Completion of this form will serve as notice of understanding and consent.

REFERRAL INFORMATION

Referred by: Self Private LSEN School Organization

Hospital

If referred by Organization Name _____

school/ Contact number _____

organization/ Contact person _____

Hospital Contact person title _____

Report attached? Yes No



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CLIENT INFORMATION

(Please use block letters and mark "x" in the appropriate box)

Name(s): _____

Surname: _____

Birth Date: _____ Age: _____

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex/ Gender: Male Female Gender:(Optional) _____

Language: First _____ Second _____

Marital status Unmarried Married Divorced Estranged

Widow Widower Living together

Client Phone 1) _____

Number(s) 2) _____

Emergency Contact Person

Name: _____

Number: _____

Relationship to Client: _____

Home _____

address _____

Type of dwelling

Brick House RDP Wendy House Informal



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MEDICAL INFORMATION

Please note proof of diagnoses is to be attached to application form (reports etc.)

Primary Diagnosis

Secondary Diagnosis

Chronic Illness

High blood pressure Low blood pressure Diabetes

High cholesterol Other _____

Assistive devices used (Indicate and name)

Visual aids _____

Hearing aids _____

Mobility aids _____

Medication Yes No

If yes, 1) _____ used for _____

indicate 2) _____ used for _____

and name 3) _____ used for _____

Person responsible for administration of medication

Self Parent/ guardian caregiver other _____

Client is being seen at the following hospital/ primary care centre:

_____ File number _____



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FUNCTIONAL CAPABILITIES INFORMATION

Hand Function

Able to use both hands able to use one hand

Finger mobility difficulty _____

General Mobility:

Disability Grant

(Please note, we do not assist with DG applications unless requested by SASSA)

I receive a DG

I have applied for a DG

I have never applied for a DG

Transport

(It is the client's responsibility to arrive to CSI for the Work Prep Program)

Able to use the following transport methods:

Train Public Taxi Bus Registered with Dial-a-Ride

Private vehicle

if private, Contact person and number _____

EDUCATION AND WORK INFORMATION

Highest level of education passed _____

School/ institution _____

Work History



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FOR OFFICE USE ONLY:

Received date: _____

Application recognized date: _____

Selection interview date: _____

Been interviewed

Results:

Waiting list

Work preparation program

Not appropriate

Referred to: _____ Date: _____

Additional notes:
