Voluntary Disability Declaration

Confidential

Declaration by employee

Please read this first

What is the purpose of this form?

This form can be used to obtain information from employees, on a voluntary basis only, for the purpose of assisting employers on the workforce profile.

To ascertain which of the existing employees are from the designated groups in terms of the Employment Equity Act, 55 of 1998.

Lastly, your declaration will assist you and the Bank to discuss possible support and assistance which will provide you with the necessary assistive devices in the workplace.

Who should complete this form?

All Employees.

Instructions

The contents of the form shall remain confidential and shall only be used by employers in order to ensure compliance with the Act.

People with disabilities are defined in the Act as people who have long-term or recurring physical or mental impairment which substantially limits their prospects of entering into, or advancement in, employment.

Please send the completed form to:

disability@absa.co.za or by fax to 011 331 9336.

Name and surname.	**Londotani Daniel Ravhugoni**
BRID No	
Personnel number	
Cost centre code	
Person with a disability	Yes No [X]

If "**Yes**", specify the category of the disability

1. ☐ **Sight** – The person is blind or needs special electronic equipment e.g. PC software to read.

2. ☐ **Hearing -** The person is totally deaf or finds it difficult to follow a meeting or conversation, even with one or more hearing aids.

3. ☐ **Physical disability -** (State the nature of the disability and required assistance, e.g. a wheelchair, crutches, etc.).

4. ☐ **Cognitive -** Cognitive disabilities like controlled epilepsy or Tourette Syndrome.

Have you informed your immediate manager/supervisor about your disability?   Yes ☐ No ☐

If "**No**", do you want to inform him/her for the purpose of Disability Support Fund?   Yes ☐ No ☐

Do you want to be contacted when Absa introduce support infrastructure or engage employees with disabilities?I   Yes ☐ No ☐

verify that the above information is true and correct.

Signature (Employee)

Date (dd/mm/ccyy) 0 1 0 9 2 0 2 2