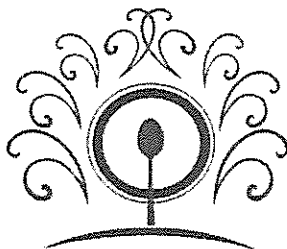
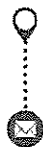


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Limpopo Chefs Academy

2021 Health Questionnaire

Student Name & Surname:

Gwayimari Mathibela

Qualification:

Occupational Grade Chef

CONFIDENTIAL **HEALTH SCREENING QUESTIONNAIRE**

For Students accepted to study any of the qualifications offered by Limpopo Chefs Academy

Now that you have been accepted to study at Limpopo Chefs Academy we need to be aware of any disabilities or health conditions which could be relevant to your proposed course of training and future employment. Such information will be carefully considered in advising on your medical suitability for your proposed course. Where considered appropriate we can then advise your chosen Campus of the need to consider any reasonable adjustments or additional support needs both in your own and future interests.

Limpopo Chefs Academy is committed to providing equality of opportunity for disabled students and where possible all reasonable support will be provided to enable you to complete the course. However, we need to ensure that you will be able to fulfil the competency standards of the course and of the relevant regulatory body and following graduation be medically suitable to work within their chosen field.

In the rare case that it is decided that you are medically unsuitable for the course LCA will provide you with advice.

You have a duty to provide all relevant, truthful and accurate information to Limpopo Chefs Academy and no information should be withheld. Any failure to do so may result in the offer of a place being withdrawn or reconsideration of your fitness to continue with the course.

You can be assured that the information will remain confidential to the staff of the relevant campus of study. The Lecturers will only be informed of the functional effects of any health concerns / disability if this is relevant to your educational needs or pupil/ patient safety and

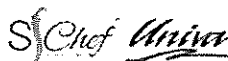
G.M



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ModernLiving

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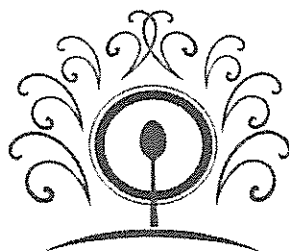
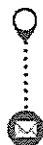


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of the need to consider reasonable adjustments and/ or additional support.

Please start by completing **Section 1** which covers personal details etc. In **Section 2** you are asked to provide information regarding your medical history and current medical condition / functional capacity etc. Please ensure that all relevant details are included as this will help to avoid the delays involved with approaching you for further information.

The completed document should then be placed and sealed in an envelope addressed to LCA Student Support Service and returned as advised by your School.

Having given careful consideration to your completed form the Limpopo Chefs Academy Student Support Service may contact you for further information / to arrange an appointment.

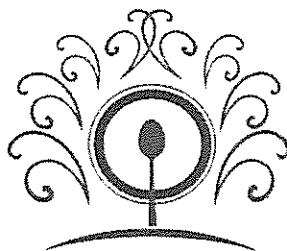
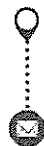


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SECTION 1

Personal Details:

Student No:

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

Surname: <i>Mathibela</i>	Full Names: <i>Gwayimani Monde</i>
Title: <i>Mr</i>	Date of Birth: <i>030224 5122030</i>
Nationality: <i>African</i>	Sex: <i>(M) / F</i>

Address whilst studying (If known)

Street Name and Number:

Postcode:

Tel No:

Mobile: *072 263 0787*

Email: *gwayimanimathibela@gmail.com*

GP/Doctor Name :	
Contact Number:	
E-mail:	
Address:	

Medical Aid Name	Main Member Details	Network Doctors/Hospitals (if applicable)
Medical aid No:	Tel No:	E-mail Address:

Course Details:

Which course were you accepted for:	<i>Occupational Grade Chef</i>
Length of course	<i>3 years</i>



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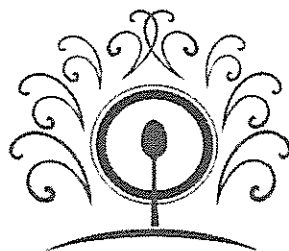
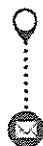


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Have you ever had to finish or leave any workplace on health grounds? (Please ✓ as applicable)	Yes	No ✓
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If **yes**, please supply details including dates.

Have you ever previously registered at a higher education college/ University for a course of study? (Please ✓ as applicable)	Yes ✓	No
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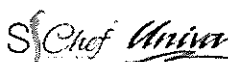
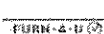
If **yes**, please supply details including dates.

NQF Level 2-4 EIC
2018-2020

Name of College / University	Start Date	Leaving Date
<i>Orbit TVET College</i>	<i>14/01/2018</i>	<i>26/11/2020</i>

If you did not complete the course, please provide details:

G.M

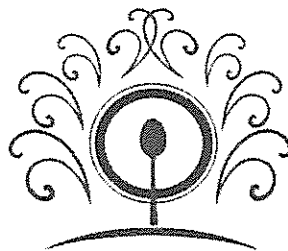


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SECTION 2

Your Health and Functional Capabilities:

		Yes	No
1	Do you have problems with any of the following:-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	a. Mobility? e.g., walking, using stairs, balance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Agility? e.g., bending, reaching up, kneeling down	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Dexterity? e.g., getting dressed, writing, using tools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Physical Exertion? e.g., lifting, carrying, running	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Communication? e.g., speech, hearing:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	f. Vision? e.g., visual impairment, colour blindness, tunnel vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If **YES** to any of the above, please give full details (e.g., extent of impairment, how you manage, support needs):

		Yes	No
2.	Have you ever required special arrangements during your studies / work to accommodate a disability or health concern? (e.g. special equipment, extra time in exams, part-time working)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If **YES** please give details: and an indication of date and duration etc

		Yes	No
3	Do you have, or have you had, any of the following?		
	a. Chronic Skin Condition? e.g., eczema, psoriasis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Neurological Disorder? e.g., epilepsy, multiple sclerosis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Allergies? e.g., latex, medicines, foods.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Endocrine Disease? e.g., diabetes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Hep B/ Hep C/ HIV?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If **YES** to any of the above please give details including an indication of date and duration etc (e.g. when condition developed, severity, effects and treatment / medication):



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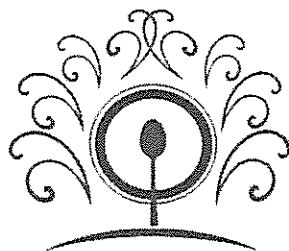
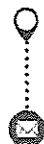
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4	Have you ever been affected by:	Yes	No
a.	Sudden Loss of Consciousness? e.g., fit or seizure:		✓
b.	Chronic Fatigue Syndrome? (or similar condition):		✓
c.	Mental Health Issues? e.g., anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose or self-harm, drug or alcohol dependency		✓
d.	An Eating Disorder? e.g., bulimia, anorexia nervosa, compulsive eating		✓
e.	An illness requiring more than two weeks' absence from school?		✓

If **YES** to any of the above please give details including an indication of date and duration etc (e.g. when condition developed, severity, effects and treatment / medication):

5	Have you ever received treatment from a psychiatrist, psychotherapist or counsellor?	Yes	No
			✓

If **YES** to any of the above please give details including an indication of date and duration etc (e.g. when condition developed, severity, effects and treatment / medication):

6	Are you currently taking any medication or getting any treatment for?	Yes	No
			✓

If **YES** please give details: including current dose

7	Do you have any disability or health condition not already mentioned for which you think you may require support during your training?	Yes	No
			✓

If **YES** to any of the above please give details:

8	What is your height?	What is your weight?

Note: Please ensure you have answered ALL questions and provided appropriate details. This will help us to make an assessment as quickly as possible and avoid unfortunate delays.

G.M

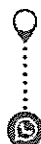
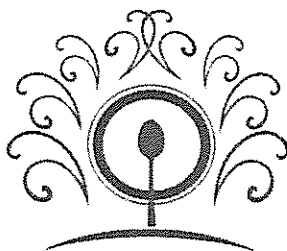


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Declaration:

I certify that my answers to the questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result in the offer of a place being withdrawn or reconsideration of my suitability to continue with my course.

The information supplied by you on this questionnaire will be used to assess your medical suitability to commence your course. A certificate will be provided and forwarded to your School.

I give my consent for my General Practitioner/Doctor to provide the RELEVANT staff at Limpopo Chefs Academy Student Support Service with any medical information relevant to my application.

<i>Gwayimani Mathibela</i> Name:	<i>[Signature]</i> Signature:	03/08/2021 Date:
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Should you have any Allergies/Chronic Conditions or any other health related issues we would need to see a verifiable doctors letter confirming this .

Data Protection Information

When you join Limpopo Chefs Academy this questionnaire will form the basis of your Occupational Health record. If you do not join, your questionnaire will be destroyed.

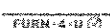
Records are held in confidence by Limpopo Chefs Academy Student Support Services. No identifiable medical or other information you provide in confidence and contained in your Occupational Health record will be released by the Limpopo Chefs Academy Student Support Service to anyone else without your consent being obtained.

You may obtain access to your Occupational Health record by contacting the Limpopo Chefs Academy Student Support Services

Limpopo Chefs Academy will not share your information with any third party. For further information of your rights to access data which we hold about you please contact us on Tel: 015 – 491 – 1226 and e mail support@limpopochefs.co.za

**Please return your completed Health Screening Questionnaire:
AS ADVISED BY YOUR CAMPUS**

G.M



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