



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

SPECIAL TRANSFORMATORY PROGRAMMES

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**TO : ALL DISTRICT DIRECTORS
: ALL SCHOOL PRINCIPALS
: ALL UNIONS
: ALL EMPLOYEES**

FROM : ACTING DIRECTOR: SPECIAL PROGRAMMES

SUBJECT : DISABILITY DISCLOSURE

DATE : 29 JULY 2019

The above matter refers.

Kindly be advised that a Disability Declaration form was distributed in March this year to all employees with disabilities to declare their disabilities to enable the Department to provide reasonable accommodation to those employees to enhance their productivity.

Subsequently a meeting was held with those who declared their status to clarify their reasonable accommodation needs. However, not all employees with disabilities who declared their status attended the meeting.

Therefore, employees with disabilities who did not declare are again requested to fill the attached form and submit to the Directorate: Special Programmes before 31 August 2019.

Your cooperation in this regard is appreciated.

MR A MTIRARA
ACTING DIRECTOR: SPECIAL PROGRAMMES

29/07/19
DATE

DECLARATION BY EMPLOYEE (Confidential)

PLEASE READ THIS FIRST



PURPOSE OF THIS FORM

This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile.

WHO COMPLETES THIS FORM?

Employees should fill in this form.

INSTRUCTIONS

All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
 - (i) before 27 April 1994; or
 - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

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

*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Name of employee:-----

2. Persal No: -----

3. Please indicate to which categories you belong with an 'X' below:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

African	Coloured	Indian	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Nationals	<input type="checkbox"/>
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If you are not a citizen by birth, please indicate the date you acquired your citizenship: -----

Person with a disability*	<input type="checkbox"/>
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If yes, specify nature of disability:

What are your reasonable Accommodation Requirements*	
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4. I verify that the above information is true and correct.

Signed: -----

Employee

Date: -----