



## APPLICATION CRITERIA FOR CANDIDATE

*'Providing quality prosthetics to disadvantaged amputees'*

2013/011606/08 NPO 144-901

### PERSONAL INFORMATION

Surname : \_\_\_\_\_  
Full names : \_\_\_\_\_  
Identity number : \_\_\_\_\_ Age : \_\_\_\_\_  
Preferred language : \_\_\_\_\_ Gender : \_\_\_\_\_  
Physical Address : \_\_\_\_\_  
\_\_\_\_\_  
Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
Contact Number : \_\_\_\_\_  
E-mail : \_\_\_\_\_

### MEDICAL HISTORY

Medical aid : \_\_\_\_\_ Medical aid # : \_\_\_\_\_  
Mobility level (none, poor, average, good, excellent) : \_\_\_\_\_  
Do you smoke? : \_\_\_\_\_ How much? : \_\_\_\_\_  
Do you drink? : \_\_\_\_\_ How often? : \_\_\_\_\_  
Left / Right? : \_\_\_\_\_ Shoe Size? : \_\_\_\_\_  
Details of amputation : \_\_\_\_\_  
\_\_\_\_\_  
Date of amputation : \_\_\_\_\_  
Reason for amputation: \_\_\_\_\_  
\_\_\_\_\_  
Age at amputation : \_\_\_\_\_  
Surgeon (name & Number) : \_\_\_\_\_  
Doctor (name & number) : \_\_\_\_\_  
Physio (name & number) : \_\_\_\_\_  
Prosthetist (name & number) : \_\_\_\_\_  
Date of last prosthesis : \_\_\_\_\_  
\_\_\_\_\_  
Prosthetic requirements (details) : \_\_\_\_\_  
\_\_\_\_\_  
Any changes to current prosthesis (details) : \_\_\_\_\_  
\_\_\_\_\_  
Other medical details : \_\_\_\_\_  
\_\_\_\_\_



## **DECLARATION**

Please note that this is ONLY an application and terms and conditions do apply. Every application will be taken into consideration by the **STAND WITH STAN** board of Directors and their decision is final. All applicants shall be notified of the outcome of their application via e-mail.

I, \_\_\_\_\_ understand that this is ONLY an application and that no services are guaranteed. I hereby declare the above information to be true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **PLEASE ATTACH THE FOLLOWING;**

- \* Copy of ID book
- \* 2 photographs - 1 x photo showing amputation and 1 x existing prosthetic
- \* Report / Reference from medical practioner