

## ASSESSMENT FORM

### PERMIT APPLICATION: VEHICLE USE IN THE COASTAL ZONE FOR A PHYSICALLY DISABLED PERSON WITH SEVERE MOBILITY IMPAIRMENT

**Date:**

Full Name	
Identity Number	
Age	
Address (Physical)	
Address (Postal)	
E-mail address	
Telephone (Work)	
Telephone (Home)	
Cellular	
Facsimile	

### CHECKLIST FOR ASSESSOR

Did you corroborate the applicant's identity number?	YES	NO
Did you explain the procedure and Council's obligations in this procedure to the applicant?	YES	NO
Did he or she pay the non-refundable R100 to your structure?	YES	NO
Is the medical certificate recent and from a contactable doctor or medical practitioner?	YES	NO
Did you attach a copy of the medical certificate to this form?	YES	NO

Please give a brief one-paragraph description of the applicant's disability in layman's terms and with particular reference to the applicant's "severe mobility impairment"


List and describe assistive devices in use	

Is the impairment permanent of nature?	YES	NO
In your opinion, does the applicant qualify as a person with disability with "permanent severe mobility impairment"?	YES	NO
Should a permit be granted, yes or no?	YES	NO

<b>NAME OF APD ASSESSOR</b>	
<b>POSITION</b>	
<b>DIRECTOR NAME</b>	
<b>DIRECTOR SIGNATURE</b>	