



# ENABLE

## CENTRE

### Equal Access Programme Application Form

#### Background:

Less than 20% of South Africans have medical aid, meaning that the vast majority of the population depends on government funding for healthcare. With little access to long-term rehabilitation, few people reach the full potential of their physical abilities.

The Enable Centre strives to bridge the divide between public and private health care in South Africa. High quality, individualised private care carries a large price tag, making it inaccessible to most of the population. This shouldn't be the status quo. The Enable Centre operates as an NPO, which provides access to all who need care. In light of these goals, subsidised sessions for the financially restricted will be offered at the Enable Centre.

#### Application process:

The required documents and process of a client enrolling into the programme will be as follows:

1. ID Document
2. Doctors report of injury/disorder and clearance for moderate-vigorous exercise (if you are a new client).
3. One-page motivational letter describing why you need physical and/or cognitive rehabilitation and what goals you would like to achieve.
4. Police Affidavit
  - a. Latest salary slip & 3 months bank statements of patient (if unemployed then the highest earning individual in the immediate family)
  - b. List of immediate family assets (property, vehicles etc.) & value
  - c. Total monthly household income & list of dependents on this income
5. Patients will receive a maximum of 12-weeks of rehabilitation before having to submit a motivation letter to continue rehabilitation. This process will allow other patients the chance to enroll in the clinic.
6. Please email your completed application form and financial affidavit to: [robert@enablecentre.org](mailto:robert@enablecentre.org), the outcome of your application and cost of rehabilitation will be decided within 10 working days.
7. The Enable Centre media team may interview and video record you to share your story and experience of the programme. This content may be shared across multiple platforms such as television, radio and social media. Do you consent to this?

Yes  No

**Signature:**

APPLICATION FORM

Personal Details:

First Name:

\_\_\_\_\_

Surname:

\_\_\_\_\_

ID Number:

\_\_\_\_\_

Contact Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Postal Address:

\_\_\_\_\_

Access to transport (Yes/No):

\_\_\_\_\_

Employed (Yes/No):

\_\_\_\_\_

If employed then type of employment:

\_\_\_\_\_

Personal monthly income (wages/grants/interest etc.):

\_\_\_\_\_

Total monthly household income:

\_\_\_\_\_

Number people living on household income:

\_\_\_\_\_

List of family assests and value:

_____	_____
_____	_____
_____	_____
_____	_____

Terms & Conditions:

The confidential and sensitive information collected in this application may be transferred to third parties for the purpose of funding applications and/or reporting. Sign below to give consent to the use of your information.

Signed at:

Signature: