

8. If partially, give degree of sight and details
Indien gedeeltelik, gee graad van visie en volle besonderhede _____

9. Duration of total or partial blindness
Duur van algehale of gedeeltelik blindheid _____
10. Are any other members of your family or household blind?
Is enige ander lid van u familie of huishouding blind? _____
11. Briefly indicate cause of blindness
Beskryf kortlike die oorsaak van blindheid _____

12. Is your hearing perfect ?
Is u gehoor perfek ? _____

Give particulars if defective
Gee besonderhede in geval van u defek _____
13. Have you any other disability
Het u enige ander fisiese gebrek ? _____
14. Do you walk outdoors alone, or are you always accompanied by a guide?
Loop u alleen buite of moet, 'n gids u altyd begelei?

15. Do you use any mobility aid ?
Gebruik u enige mobiliteitshulpmiddel? _____
16. Do you utilize public transport - trains / taxi etc?
Maak jy van publieke transport, treine, taxi's ens gebruik? _____

17. Indicate to what extent you are able to get about unaided
Meld tot watter mate u sonder hulp kan rondbeweeg _____

18. Which of the following courses have you undertaken and where ?
Watter van die volgende kursesse het u al ondergaan en waar?
- a) Rehabilitation
Rehabilitasie _____
 - b) Mobility
Mobiliteit _____
 - c) Any other
Enige ander _____

d) Are you planning any?
Beplan u 'n rehabilitasie kursus
vir die toekoms? _____

19. Is it your usual habit to walk quickly or slowly?
Loop u volgens gewoonte vinnig or stadig? _____

20. Do your usual journeys take you through :
Gaan u gewone roetes deur :

a) Rural areas with little traffic
Landelike gebiede met min verkeer _____

b) Towns with moderate traffic
Dorp met gemiddelde verkeer _____

c) City streets with heavy traffic
Stad met baie verkeer _____

21. What type of residential area do you live in?
Beskryf die aard van die woongebied waar jy woonagtig is? _____

22. Do your usual walking routes have pavements with kerbs?
Het u gewone roetes sygaardjies met randstene? _____

23. What was your occupation before losing your sight?
Wat was u betrekking voordat u, u gesig verloor het? _____

24. What is your present occupation?
Wat is u huidige betrekking? _____

25. If any change of occupation is contemplated, give details
As u enige plan het om van werke te verander, gee besonderheid _____

26. Have you informed your employer that you have applied for a Guide Dog?
Het jy jou wekgewer in kennis gestel dat jy vir 'n gidshond aansoek gedoen het? _____

27. Will a guide dog be welcome in your home?
Sal 'n gidshond welkom wees in u huis? _____

28. Will the dog be welcome at your place of work?
Sal u gidshond welkom by u werksplek wees? _____

29. Do you enjoy handling dogs?
Geniet u om honde te hanteer? _____

30. Do you live in a house or flat?
Woon u in 'n huis of 'n woonstel? _____
31. How many members of your family or others share the house in which you live?
Hoeveel lede van u familie, of anders, deel die huis waar u wonagtig is?

32. Have you a fully fenced garden where the dog can exercise?
Het u 'n ten volle omheinde tuin waar die hond vrylik kan rondhardloop?

33. Approximate size of your garden or fenced area
Hoe groot is die omgewing? _____
34. Give details of any pets you now own
Gee besonderhede van enige troeteldiere wat u besit _____
35. What pets have you owned in the past?
Watter troeteldiere het u in die verlede besit? _____
36. It costs approximately R250.00 a month to maintain a guide dog. Can you afford this?
Dit kos ongeveer R250.00 per maand om 'n gidshond te onderhou. Kan u dit bekostig?

37. During training, the cost of the dog, board and lodging and all equipment is R105.00
Can you afford this ?
Die opleiding kursus, losies, die hond en alle gereedskap is R105.00 Kan u dit bekostig?

38. When are you available for the four weeks training?
Wanneer is u beskikbaar vir vier weke se opleiding? _____

39. If a sudden vacancy occurs, can you come at short notice?
In geval van 'n skielike vakature, sal u na kort kennisgewing vir opleiding kan kom?

40. What other clubs or Blind Welfare Societies are you a member of?
In watter ander Blindewelsynvereniging of Klub is u 'n lidmaat?

Signature of applicant _____ Date _____
Handtekening van aansoeker _____ Datum _____

Name, address and telephone number of person completing this form
Naam, adres en telefoon nommer van die persoon wat die vorm voltooi :

Relationship to applicant (husband, wife, friend etc)
Verhouding tot aansoeker (Man, vrou, vriend ems) _____