

Disability Template



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1. Complete the table below

The time for which the information is requested	Date	Please record in the applicable cells below the number of employees in your organisation’s employ with the disabilities listed below at the times indicated in Yellow and Green Cells to the left				
		Visual impairments	Hearing impairments	Impairments resulting in wheelchair or crutches usage	Mental impairments	Other impairments
At the commencement of the Disability Strategy/Initiative						
At the present time						

2. Please furnish more details regarding the different impairments at the commencement of the Disability Strategy/Initiative

Visual impairments	Hearing impairments	Mental impairments	Other impairments

Visual impairments	Hearing impairments	Mental impairments	Other impairments

3. Please furnish more details regarding the different impairments at the present time

Visual impairments	Hearing impairments	Mental impairments	Other impairments

Visual impairments	Hearing impairments	Mental impairments	Other impairments