



YOUR VISION. OUR MISSION

TSEPONG

EMPOWERMENT
CENTRE



Learner Support Needs Declaration Form

This form helps the Tsepong Empowerment Centre understand and address any specific support or special learning needs you may have. Please complete it accurately.

Specific Need	Yes (✓)	No (✓)	Details of Need (If Yes, please specify required accommodation/support)
Physical Disability			
Visual Impairment (Blind/Low Vision)			
Hearing Impairment (Deaf/Hard of Hearing)			
Needs Visual Aids (e.g., Wearing Glasses)			
Literacy Support (e.g., Illiteracy)			
Learning Disability (e.g., Dyslexia)			
Language/Communication Support (Need an Interpreter)			
Chronic/Significant Health Problems			
Other (Please specify)			

Declaration and Signature

I confirm that the information provided above is true and accurate to the best of my knowledge. I understand that this information will be used to arrange appropriate support for my training.

Full Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Note: Please complete, sign, and submit this document directly to the Administration Department via email at admin@tsepongcentre.co.za