# FORM A REQUEST FOR ACCESS TO RECORD OF PUBLIC BODY (Section 18 (1) of the Promotion of Access to Information Act, 2000

(Act No. 2 of 2000) [Regulation 2]

FOR DEPARTMENTAL USE
Reference number:
Request received by:
(state rank, name and surname of information officer/deputy information officer) on(date) at (place).
Request fee (if any): R
Deposit fee (if any): R
Access fee: R
SIGNATURE OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER

# A. Particulars of public body

The Information Officer/Deputy Information Officer: Ms. Elize Gardiner University of Pretoria

cnr Lynnwood & University Rds Hatfield Pretoria

Telephone: 27124203111

Fax: 27124204555 Email: csc@up.ac.za

### B. Particulars of person requesting access to the record

- The particulars of the person who requests access to the record must be recorded below.
- Furnish an address and/or fax number in the Republic to which information must be sent
- Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname: South African History Archive (SAHA)

**Identity/Passport number:** Non-Profit Trust No. 2522/93 **Postal address:** P.O.Box 31719, Braamfontein, 2017

Fax number: +27866491491

**Telephone number:** +27117182563 **E-Mail Address:**foip@saha.org.za

Capacity in which request is made, when made on behalf of another person:

# C. Particulars of person on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person.

Full names and surname: Identity number:

#### D. Particulars of record

- Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- If the provided space is inadequate please continue on a separate folio and attach it to this form. The requester must sign all the additional folios.
  - Description of record or relevant part of the record:

Copies of any and all support service policies in use by the University to foster a conducive, accessible, inclusive and integrated learning environment for students living with disabilities, including but not limited to:

- a list of measures put into place to facilitate accessible mobility around the campus and inclusive learning campus grounds;
- ii. a list of measures put into place to ensure accessible teaching and learning resources for persons living with disabilities; and
- iii. a list of persons designated to establish and implement any of these measures.
  - o Reference number, if available:
  - Any further particulars of record:

#### E. Fees

- A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- You will be notified of the amount required to be paid as the request fee.
- The **fee payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- If you qualify for exemption of the payment of any fee, please state the reason for exemption.

Reason for exemption from payment of fees:

If the record is in printed form:

1.

#### F. Form of access to record

,	a disability to read, view or listen to the record in the form of to 4 hereunder, state your disability and indicate in which ired.
Disability:	Form in which record is required:
Mark the appropriate NOTES:	ox with an <b>"X".</b>
which the reco	as to the required form of access depends on the form in d is available.  In requested may be refused in certain circumstances. In
© The fee p	informed if access will be granted in another form.  ayable for access to the record, if any, will be determined the form in which access is requested.

X	Copy of record*		Inspection of record					
(	If record consists this includes phore images, sketches	otogra	phs, slides	_	rdings, c	omputer-ge	nerated	
	view the images		<u> </u>	copy of the images*			ranscription of the mages*	
	If record consistonated in sour		recorded	words or in	formatio	on which ca	ın be	
	Listen to the soundtrack (audio cassette)		X	transcription of soundtrack* (written or printed document)				
	record is held eadable form:	on co	mputer or	in an electr	onic or	machine?		
	Printed copy X of record*	Printe the re		rived from		copy in computer readable form*(stiffy or compact disc)		
* If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?							YES	NO X
A po	ostal fee is paya	able.						
	e that if the recor nted in the langua					prefer, acc	ess ma <sub>.</sub>	y be
In w	hich language w	ould y	ou prefer t	he record? E	NGLISH	ł		

# • G. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved/denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

# IN WRITING via email to foip@saha.org.za

Signed at this 12th of March 2018.



SIGNATURE OF REQUESTER / PERSON ON WHOSE BEHALF REQUEST IS MADE

Ms Nonhlanhla Khumalo (FOIP Paralegal)

South African History Archive (SAHA)