

FundsAtWork Namibia

Job description for a disability claim

Member number

Please fill in this form in the fields provided. Use the tab key to move from one field to the next.

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This form must be completed in full by the member's supervisor in conjunction with the member. This job description will form the basis on which the claim is assessed. The information given must therefore be complete and accurate.

Section 1: Scheme details

Scheme name

Scheme code

Name of employer

Section 2: Member details

Title Initial/s First name

First name

Surname

Date of birth - -

National identity document Yes No Identity / Passport number

Passport country of origin

Telephone

Cellphone number

Residential address

Postal Code

Postal address

Postal Code

Email address

Job title

Please list the member's important or regular tasks

Section 3: Work environment

What percentage of the working day does the member work

Indoors %

Outdoors %

At heights %

At depths %

Temperature range in place of work to degrees centigrade

Section 3: Work environment (continued)

Decibel range in place of work to decibels

Is the member exposed to any dust while working? Yes No

If Yes, please state the type of dust the member is exposed to

Is the member exposed to any fumes while working? Yes No

If Yes, please list all fumes the member is exposed to

Section 4: Physical demands

Does the member's job involve any of the following?

Lifting weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range of weights lifted	<input type="text"/>
Carrying weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range of weights carried	<input type="text"/>
Pushing weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range of weights pushed	<input type="text"/>
Pulling weights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Range of weights pulled	<input type="text"/>

Does the member's job involve any climbing?
 If Yes, what type of climbing (eg stairs, ladders, scaffolding)

Please indicate how much time is spent on the following activities during each working day by ticking the relevant column.

	Never	Sometimes	Often	Always	Hours per day
Sitting					
Kneeling					
Standing					
Bending					
Walking on even terrain					
Walking on uneven terrain					
Use of both hands					
Use of fine coordination					
Engaging in physical labour					
Reaching above shoulder height					
Reaching below shoulder height					
Working in cramped conditions					

Where the member's job involves walking, please indicate
 Average distance walked over even terrain per day km
 Average distance walked over uneven terrain per day km

Where the member's job involves manual labour, please specify the tasks involved

Please list all items used in the course of the member's work

Equipment used	<input type="text"/>
Tools used	<input type="text"/>
Materials used	<input type="text"/>
Machinery used	<input type="text"/>

Section 5: Driving

Only complete this section if driving is a component of the member's job

Licence code/s required	<input type="text"/>		
Type of vehicle/s driven	<input type="text"/>		
Average distance driven	per day	<input type="text"/>	km
	per week	<input type="text"/>	km
	per day	<input type="text"/>	km

Section 6: Flying

Only complete this section if flying is a component of the member's job

Type of aeroplane flown	<input type="text"/>
Average distance flown per week	<input type="text"/>
Average number of hours flown per week	<input type="text"/>

Section 7: Cognitive demands

Please indicate how much of the member's job requires the following abilities during each working day by ticking the relevant column.

	Never	Sometimes	Often	Continuously	Hours per day
Concentration					
Memory					
Planning					
Problem solving					
Decision making					
Administration/clerical tasks					
Calculations/working with figures					

Section 8: Communication demands

Please indicate how much of the member's job requires the following abilities during each working day by ticking the relevant column.

	Never	Sometimes	Often	Continuously	Hours per day
One-to-one communication					
One-to-group communication					
Verbal communication					
Written communication					
Communication with colleagues					
Communication with clients					

Is the member responsible for the supervision/management of any staff? Yes No

If Yes, number of staff supervised/managed

Section 9: Safety hazards

Please give details of any known safety hazards in the member's job

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

What alternative jobs at the employer would the member be capable of performing?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section 9: Declaration

We, the undersigned, hereby declare that to the best of our knowledge, the above details are true and correct, and that no material information has been withheld or omitted

Full name of supervisor/manager

Supervisor's/manager's designation

Supervisor's/Manager's signature

Date - - 2 0

Member's signature

Date - - 2 0

Completed form together with supporting documents to be +264 61 299 7537 or emailed to fundsatworknamibia@momentum.co.na

When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.

Options to sign the form:

1. Print out the form, sign and scan it and send it back via email to fundsatworknamibia@momentum.co.za or fax it to +264 61 234 851.
2. Place your scanned signature in the signature block.
 - Store your scanned signature in a safe place on your computer.
 - Select the 'comments' tab from your menu in Adobe.
 - Select the 'add stamp' icon.
 - Select custom stamps.
 - Create custom stamps.
 - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
 - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
 - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.