



ADDENDUM D

DAVEYTON MOTIVATION & ASSESSMENT CENTRE

1. PROJECT DETAILS

1.1. Name of Project

Daveyton Assessment & Motivation Centre

1.2 Contact Details:

Contact Person:	Rachel Legasa (Manager)
Telephone:	+27-11-646-8331
Fax:	+27-11-646-5248
e-mail:	rachell@apdjhb.co.za
Alternate Contact Person:	Jeanette Maclean (Corporate Communications)
Telephone:	+27-11-646-8331
Fax:	+27-11-646-5248
e-mail:	jeanettem@apdjhb.co.za
Website:	www.apdjhb.co.za
Postal Address:	Private Bag X1 Parkview 2122 South Africa
Physical Address:	Pallinghurst Road Westcliff 2193 South Africa



2. MANAGING BODY

2.1 Name:

Association for the Physically Disabled - Greater Johannesburg. (Please see **Addendum A** for full details.)

3. DAVEYTON ASSESSMENT & MOTIVATION CENTRE

3.1 Project Period & Areas of Operation:

This is an ongoing project which first started in Daveyton in 1973 and provides services to the communities of Daveyton, Wattville, Etwatwa, Springs, Boksburg and Kempton Park.

3.2 Aim:

To provide an assessment and stimulation service for young children with disabilities from communities in the Far East Rand.



3.3 **Objectives:**

- ♻ To develop a rehabilitation programme for each child.
- ♻ To counsel, educate and train parents to care effectively for their disabled children.

3.4 **Services Being Provided:**

Children:

- ♻ Arrange for the assessment of each child by a paediatrician.
- ♻ Together with the paediatrician and other relevant medical professionals (eg physiotherapists and occupational therapists) devise an appropriate programme to address each child's disabilities.

Parents:

- ♻ Group information sessions on common issues relating to caring for a child with a disability eg hygiene, diet, etc.
- ♻ Train parents to carry out the rehabilitation programme developed for their child.
- ♻ Home visits to monitor progress with rehabilitation programmes.
- ♻ Refer parents for genetic counseling where appropriate.

3.5 **Service Fees:**

Free to all clients.

3.6 **Clients:**

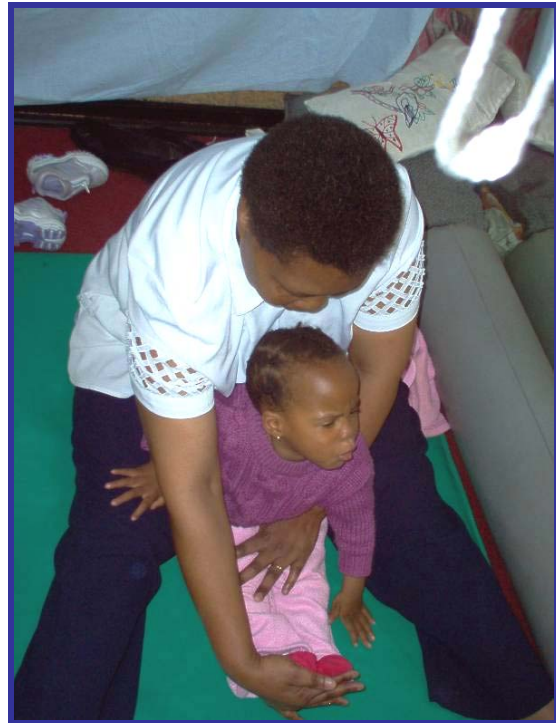
3.6.1 Profile:

Children who suffer from:

- ♻ Cerebral Palsy
- ♻ Mental Retardation
- ♻ Down's Syndrome
- ♻ Hyperactivity
- ♻ Physical handicaps
- ♻ Mental handicaps
- ♻ Epilepsy
- ♻ HIV/Aids

3.6.2 Criteria:

- ♻ Must be between 0 and 7 years old.
- ♻ Must reside in our area of operation.



3.7 Money Matters:

3.7.1. Amount of money requested:

We would welcome any contribution towards our budget.

3.7.2 Budgeted Income & Expenditure 01.04.2006 – 31.03.2007:

INCOME	100 000
EXPENDITURE	169 200
NETT SURPLUS / (DEFICIT)	(69 200)

3.7.3 Bank Account Details:

Bank: First National Bank
Branch: Craighall
Branch Code: 255805
Account Name: Association for the Physically Disabled
Account Number: 50330238813
Type of Account: Current

3.8 Our Actions Speak Louder Than Words



SO MUCH MORE THAN STATISTICS...



**FROM
ALL OF
US:
THANK
YOU FOR
YOUR
SUPPORT,
NOW
AND IN
THE
FUTURE**

