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## Application for entry of name in Register for Persons with Disability

	ne::	
2. Address:		
		Tel No:
3. Nationality:		4. Age:
5. Has there been a pr	evious application?	If yes state when
6. Are you NOW, emp	loyed or working on your	own account?
(a) If so, state occupa	ation	and name and address of employer
(b) If not, state (i) pre	vious occupation	
(ii) peri	iod from	to
8. Are you in receipt o	f an Invalidity Pension? _ tion in this document is true	e and correct, and that I am applying for my name
to be entered in the Register I hereby agree and explicit collected and processed by rectify, and where applicable. This consent is being grante relevant provisions of the Da Any personal data disclosed	ly consent to have my per Jobsplus for such purpos , erase any personal data co ed on the condition and unce ta Protection Act and any re to Jobsplus for the same p	ersonal data (including sensitive personal data) e. As a data subject I have the right to access, oncerning myself. derstanding that <i>Jobsplus</i> will comply with all the egulations issued there under.
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Legal Notice 156 of 1995; Registration and Appeal of Persons with Disability. Ref: 01/ETC/IESD/2015/ENG Version 4 (01-06-2017) Pg.no. 1

## Medical Certifcate \*

This information relates to the application for the entry/retention in the Jobsplus Register for Persons with Disability, as per LN 156 of 1995. This Register holds the name of individuals that although fit for employment, require guidance and assistance to engage in employment which is most suitable to their current physical/mental health condition.

Kind	dly provide hereunder as much detail as possible to facilitation	ate the process .
Name of Applicant		Id card no.
1. <b>C</b>	ondition or Conditions	
2. H	ow does the condition limit the applicant in their even	rday activities
3. H	low is the condition expected to degenerate or improv	ve with time (especially in relation to employment)
4.	Is the applicant currently fit for employment	YES NO
	Medical Officer's signature	
	Medical Officer's Registartion number	
		Official Stamp (No applications will be accepted without the stamp)
	Date	

\* Document to be completed by a General Practitioner, but persons suffering from mental health difficulties said document must be completed by a psychiatrist or a psychologist

> Legal Notice 156 of 1995; Registration and Appeal of Persons with Disability. Ref: 01/ETC/IESD/2015/ENG Version 4 (01-06-2017) Pg.no. 2