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Application for entry of name in Register for Persons with Disability

1. Name and Surname:: _____
2. Address: _____
_____ Tel No: _____
3. Nationality: _____ 4. Age: _____
5. Has there been a previous application? _____ If yes state when _____
6. Are you NOW, employed or working on your own account? _____
(a) If so, state occupation _____ and name and address of employer

(b) If not, state (i) previous occupation _____
(ii) period from _____ to _____
7. Occupation desired by you _____
8. Are you in receipt of an Invalidity Pension? _____

I declare that all the information in this document is true and correct, and that I am applying for my name to be entered in the Register of Persons with Disability.

I hereby agree and explicitly consent to have my personal data (including sensitive personal data) collected and processed by *Jobsplus* for such purpose. As a data subject I have the right to access, rectify, and where applicable, erase any personal data concerning myself.

This consent is being granted on the condition and understanding that *Jobsplus* will comply with all the relevant provisions of the Data Protection Act and any regulations issued there under.

Any personal data disclosed to *Jobsplus* for the same purpose on any future occasion shall be subject to the same Data Protection Act.

Date: _____ Applicant's signature or mark: _____

I.D. Number _____

Witness to mark only _____

Address of witness _____

ID Number _____

