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Application for entry/retention of name in Register for Persons with Disability

This application relates to the entry/retention in the Jobsplus Register for Persons with Disability, in terms of Legal Notice 156 of 1995, as amended. The Jobsplus Register for Persons with Disability is intended for persons with disability who are fit for employment and may require guidance, assistance or support to access suitable employment. **Fields marked with an asterisk (*) must be completed.**

1. Name and Surname* _____

2. Address*: _____

3. Telephone Number*: _____ 4. Date of Birth*: _____

5. Email Address*: _____

6. I.D. Card / Residence Document Number*: _____

7. Nationality and, where applicable, residence status* _____

8. Are you currently receiving an Invalidity Pension or any other benefit/pension granted on the basis that you have been medically certified as unfit for work? * (Yes or No) _____

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 Jobsplus Register of Persons with Disability. I hereby agree and explicitly consent to have my personal data is collected, held and used by Jobsplus and is exchanged with third parties in order to fulfill the functions required of Jobsplus according to the provisions of the Employment and Training Services Act (Ch. 343 of the Laws of Malta) and Persons with Disability (Employment) Act of 1969.

Jobsplus will use personal data according to the provisions of the Data Protection Act 2018 and General Data Protection Regulations EC/679/2016 and Persons with Disability (Employment) Act of 1969. You should disclose to Jobsplus data which is correct and that should there be any changes, these are communicated to Jobsplus immediately. You have the right to access, change and delete, where applicable, your personal data that Jobsplus holds about you as well as to request that any incorrect personal data is rectified.

Date*: _____ Applicant's signature or mark*: _____

I.D. Card / Residence Document Number * _____

For applicants who are minors or where applicable (example: witness to mark)

Parent/Legal Guardian* (Name and Surname)* : _____

Address : _____

Signature*: _____ ID Number*: _____

Medical Certificate *

This part of the document is to be completed by a doctor or medical officer. In the case of persons with conditions related to mental health, the document is to be completed by a psychiatrist or psychologist.

This information relates to the application for the entry/retention in the Jobsplus Register for Persons with Disability, as per LN 156 of 1995 as amended. 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 medical condition.

Kindly provide hereunder as much detail as possible to facilitate the process . * *Mandatory fields must be completed.*

Name of Applicant* _____ Id card no*. _____

1.

Condition/Disability *	Side effects (caused by the condition or the medication taken) to be considered during job search or employment *	Is condition progressive? Yes/No *

2. Is the applicant currently fit for employment *

☐

YES

☐

NO

*Medical Officer's Name and Surname **

*Medical Officer's signature**

*Medical Officer's Registration number**

*Date**

*Official Stamp**
(No applications will be accepted without the stamp)