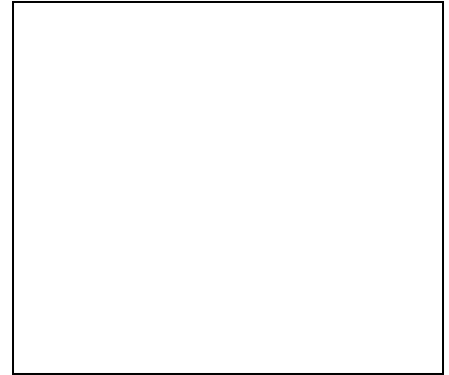


NATIONAL COUNCIL ON PERSONS WITH DISABILITY (NCPD)

DATA ON PERSONS WITH DISABILITY

DATE OF APPLICATION.....



NAME: .....

DATE OF BIRTH: .....

AGE: ..... SEX: .....

TYPE OF DISABILITY (DESCRIBE) : .....

ADDRESS:

- RESIDENTIAL: .....
- POSTAL: .....
- TEL №: .....
- E-MAIL: .....
- MARITAL STATUS: .....

FAMILY/PARENTAL BACKGROUND:

NAME OF FATHER: .....

NAME OF MOTHER: .....

№ OF CHILDREN: ..... HOMETOWN: .....

EDUCATIONAL BACKGROUND: .....

- TRAINING OFFERED: .....
- TYPE: .....

OCCUPATION: .....

WHAT CHALLENGE DO YOU FACE IN YOUR DAILY ACTIVITIES: .....

.....

WHAT KIND OF SUPPORT DO YOU NEED?.....

OTHER RELEVANT INFORMATION ON YOU THAT YOU WANT TO GIVE: .....

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