

Head Office, Hal Far, Birzebbugia, Malta Tel: 21654940 E-mail: jobsplus@gov.mt Website : www.jobsplus.gov.mt

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

1. Name and Surna	ame:	
2. Address:		
		Tel No:
3. Nationality:		4. Age:
5. Has there been a	previous application?	, If yes state when
6. Are you NOW, er	nployed or working on yo	ur own account?
(a) If so, state occu	ipation	and name and address of employer
(b) If not, state (i) p	revious occupation	
(ii) p	eriod from	to
declare that all the inform e entered/retained in the y personal data is collec ifill the functions requir ervices Act (Ch. 343 of th obsplus will use persona ata Protection Regulatio nould disclose to Jobsplus	ation in this document is tru Register of Persons with Dis ted, held and used by Jobs ed of Jobsplus according t e Laws of Malta) and Person I data according to the prov ns EC/679/2016 and Persor lus data which is correct is immediately. You have the bsplus holds about you as v	e and correct, and that I am applying for my name to sability.I hereby agree and explicitly consent to have plus and is exchanged with third parties in order to to the provisions of the Employment and Training is with Disability (Employment) Act of 1969. risions of the Data Protection Act 2018 and General ns with Disability (Employment) Act of 1969. You and that should there be any changes, these are right to access, change and delete, where applicable, well as to request that any incorrect personal data is
ate:	Applicant's	signature or mark:
		I.D. Number
Address of witr		o mark only
	ID Number	

Legal Notice 156 of 1995; Registration and Appeal of Persons with Disability. Ref: 01/JP/IESD/2023/ENG Version 116/05/2023) 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 condition.

Kindly provide hereunder as much detail as possible to facilitate the process .

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Name of Applicant	ld card no.				(	Ĺ

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		
Is the applicant curre	ntly 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, however for persons with mental health difficulties, documentation must be completed by a psychiatrist or a psychologist

> Legal Notice 156 of 1995; Registration and Appeal of Persons with Disability. Ref: 01/JP/IESD/2023/ENG Version 1(16/05/2023) Pg.no. 2