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Application for entry/retention 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/retained in the 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. Number _____

Witness to mark only _____
 Address of witness _____
 ID Number _____

