



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

## Applikazzjoni għad-dhul ta' isem fir-Registru ta' Persuni b'Diżabilità

1. Isem u Kunjom : \_\_\_\_\_
2. Indirizz : \_\_\_\_\_  
\_\_\_\_\_ Nru. tat-Telefown : \_\_\_\_\_
3. Nazzjonalità: \_\_\_\_\_ 4. Età: \_\_\_\_\_
5. Kien hemm applikazzjoni oħra qabel? \_\_\_\_\_ Jekk iva, għid meta \_\_\_\_\_
6. Fil-PREŻENT int impjegat/a jew taħdem għal rasek? \_\_\_\_\_  
(a) Jekk iva, semmi l-impieg \_\_\_\_\_ u l-isem u indirizz tal-prinċipal  
\_\_\_\_\_  
(b) Jekk le, semmi (i) l-impieg li kellek qabel \_\_\_\_\_  
(ii) perijodu minn \_\_\_\_\_ sa \_\_\_\_\_
7. Impjieg li int tixtieq \_\_\_\_\_
8. Qed tircievi il-Penzjoni tal- Invalidita' ? \_\_\_\_\_

Qed nehmeż ma' din l-applikazzjoni ċertifikat mediku riċenti\*. Inkompli niddikjara li l-informazzjoni ta' hawn fuq hi vera u qed napplika biex ismi jiddaħhal fir-Registru ta' Persuni b'Diżabilità.  
Qed napplika sabiex id-dettalji tiegħi jiddaħhlu fir-Registru ta' Persuni b'Diżabilità u naqbel u nagħti l-kunsens biex id-data personali tiegħi (li tinkludi data personali sensittiva) tingabar u tiġi proċessata mill-*Jobsplus* għal dan il-għan. Jien għandi d-dritt li nara, nibdel u fejn aplikabbli nħassar kull data personali li tikkonċerna lili. Dan il-kunsens qed jingħata bil-kundizzjoni u bil-fehma li l-*Jobsplus* tosserva l-provedimenti rilevanti kollha tal-Liġi dwar il-Privatezza tad-Data u kull regolamenti li jinħarġu minnha. Kull data personali mgħoddija fil-futur lill-*Jobsplus* għal dan l-istess għan hija sugġetta għall-istess Liġi.

Data: \_\_\_\_\_ Firma jew marka tal-applikant: \_\_\_\_\_  
Numru tad-Dokument tal-Identità \_\_\_\_\_

Xhud tal- Marka biss \_\_\_\_\_

Indirizz tax-xhud \_\_\_\_\_

Numru tad- Dokument ta' l-Identita' \_\_\_\_\_

\* Ċertifikat mediku riċenti mahruġ minn tabib, izda persuni li jbatu minn diffikultajiet ta' saħħa mentali tali certifikat għandu jinħareġ minn psikjatra jew rapport minghand psikologu .



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Application for entry of name in Register for Persons with Disability

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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 here attach a recent medical certificate\*. I further declare that the above mentioned information is true and correct, and that I am applying for my name to be entered in the Register of Persons with Disability. I am hereby submitting my application to have my details entered into the Register for Persons with Disability and 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 \_\_\_\_\_

\* Recent Medical certificate issued by a General Practitioner, but persons suffering from mental health difficulties such a certification has to be issued by a psychiatrist or a psychologist's report.