



Applicant											
1. Name						2. Surname					
3. ID Card/Passport No.											
4. KNPD Special ID Card No.											
5. Address of Residence											
Dwelling No/Name											
Street											
Town											
Postcode											
6. Telephone Numbers											
Landline Home											
Landline Work											
Mobile											
7. Sex											
Male						Female					
8. Nationality											
Maltese						Other <small>specify</small>					
9. Date of Birth											
Day				Month				Year			
10. Occupation During Day											
Yes						No					
<i>If yes please select one of the below and specify</i>											
Work											
School											
Day Centre											
NEET (under age 16)											
Other											
11. Permission											
Allow applicant to be part of visual/audio media presentations if necessary											
Yes						No					
Authorization											
I hereby agree to abide by the terms and conditions listed on the second page of this document:											
Signature of Legal Guardian						Date					

Legal Guardian											
12. Name						13. Surname					
14. Relationship of guardian to applicant											
Parent						Sibling					
Spouse						Offspring					
Partner											
Professional <small>(specify)</small>											
Other <small>(specify)</small>											
15. Address of Residence											
Dwelling No/Name											
Street											
Town											
Postcode											
16. Telephone Numbers											
Landline Home											
Landline Work											
Mobile											
17. Email											
Medical Information											
18. Doctor's Name						19. Doctor's Surname					
20. Telephone Numbers											
Landline Home											
Landline Work											
Mobile											
21. Email											
22. Disability Related Information											
Disabilities <small>(mark all that apply)</small>						Primary disability <small>(mark one)</small>			Secondary disability <small>(mark one)</small>		
Physical											
Intellectual											
Visual											
Auditory											
Mental Health											
Other relative medical information											

Additional Notes

Attached Documents - Photocopy of

1. ID Card of Applicant	
2. Special ID Card of Applicant	
3. Birth Certificate (Public Registry) of Applicant	
4. ID Card of Legal Guardian	
5. Referral from professional involved e.g. Social Worker, Psychiatrist, Consultant	

Terms and Conditions

The applicant or the legal guardian are kindly required to give authorization to the Director or his Representative:

1. For the applicant’s hospital entry, anesthesia, blood transfusion and related matters.
2. To release information to hospital, school, etc., concerning the applicant.
3. Willing to abide by the rules and regulations of the Home, thus accepting any decisions taken for the benefit of the applicant.

Payment Terms – The service provision at Id-Dar tal-Providenza depends on donations and on the disability pensions of the residents. We are asking you to donate the equivalent of the pension received by the applicant, when s/he is residing at id-Dar tal-Providenza. This totals to a minimum of €15 per day. Any further donation is greatly appreciated.

For Office Use only

Board of selection:	

Signature	Date
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