

Applicant

1. Name										2. Surname									
3. ID Card/Passport No.																			
4. KNPD Special ID Card No.																			
5. Address of Residence																			
<i>Dwelling No/Name</i>																			
<i>Street</i>																			
<i>Locality</i>																			
<i>Postcode</i>																			
6. Telephone Numbers																			
<i>Landline Home</i>																			
<i>Landline Work</i>																			
<i>Mobile</i>																			

7. Gender																			
<i>Male</i>					<i>Female</i>														
8. Nationality																			
<i>Maltese</i>					<i>Other</i>					<i>specify</i>									
9. Date of Birth																			
<i>Day</i>					<i>Month</i>					<i>Year</i>									
10. Occupation During Day																			
<i>Yes</i>					<i>No</i>														
<i>If yes please select one of the following and specify</i>																			
<i>Work</i>																			
<i>School</i>																			
<i>Day Centre</i>																			
<i>NEET (under age 16)</i>																			
<i>Other</i>																			

Legal Guardian / Closest Contact

11. Name										12. Surname									
13. Relationship of contact to applicant																			
<i>Legal Guardian</i>					<i>Sibling</i>														
<i>Parent</i>					<i>Offspring</i>														
<i>Spouse</i>					<i>Informal Conduct</i>														
<i>Partner</i>																			
<i>Professional (specify)</i>																			
<i>Other (specify)</i>																			
14. Address of Residence																			
<i>Dwelling No/Name</i>																			
<i>Street</i>																			
<i>Locality</i>																			
<i>Postcode</i>																			
15. Telephone Numbers																			
<i>Landline Home</i>																			
<i>Landline Work</i>																			
<i>Mobile</i>																			
16. Email																			

Secondary Contact

17. Name										18. Surname									
19. Relationship of contact to applicant																			
<i>Legal Guardian</i>					<i>Sibling</i>														
<i>Parent</i>					<i>Offspring</i>														
<i>Spouse</i>					<i>Informal Conduct</i>														
<i>Partner</i>																			
<i>Professional (specify)</i>																			
<i>Other (specify)</i>																			
20. Address of Residence																			
<i>Dwelling No/Name</i>																			
<i>Street</i>																			
<i>Locality</i>																			
<i>Postcode</i>																			
21. Telephone Numbers																			
<i>Landline Home</i>																			
<i>Landline Work</i>																			
<i>Mobile</i>																			
22. Email																			

Medical Information

23. Doctor's Name 24. Doctor's Surname

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25. Telephone Numbers

<i>Landline Home</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Landline Work</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mobile</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Email

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27. Disability Related Information

Disabilities (mark all that apply)	Primary Disability (mark one)	Secondary Disability (mark one)
<i>Physical</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Intellectual</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Visual</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Auditory</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mental Health</i>	<input type="checkbox"/>	<input type="checkbox"/>

28. Allergies or Drug Intolerance

<i>Lactose</i>	<input type="checkbox"/>	<i>Nuts</i>	<input type="checkbox"/>	<i>Shellfish</i>	<input type="checkbox"/>
<i>Gluten</i>	<input type="checkbox"/>	<i>Fish</i>	<input type="checkbox"/>	<i>Greens</i>	<input type="checkbox"/>
<i>Penicillin</i>	<input type="checkbox"/>				
<i>Other</i>	<input type="checkbox"/>	<i>(specify)</i>			

29. Bowel and Bladder Function (particularly for incontinence and chronic constipation)

30. Other Relevant Medical Information

31. Permission

Allow applicant to be part of visual/audio media presentations if necessary

<i>yes</i>	<input type="checkbox"/>	<i>no</i>	<input type="checkbox"/>
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Permission for residence applicants only:
 Kindly note, that if residence at Dar tal-Providenza is granted, the legal guardian will be asked to hand over the right to administer the applicant's disability pension, the permit for incontinence service, the Blue Sticker, the applicant's ID card, passport, Special ID card and bank account details (if applicable) PRIOR to date of admittance.

32. Terms and Conditions

I give my consent to the Director of Dar tal-Providenza or his representative to take the necessary decisions in the best interest of the applicant regarding:

1. Medical assistance including admission to hospital, anesthesia, blood transfusion and related matters
2. The release of information to hospital, day centre, etc., concerning the applicant
3. The willingness to abide by the rules and regulations of the Home, thus accepting any decisions taken for the benefit of the applicant

33. GDPR Statement

The personal data requested in this application will be processed by Dar tal-Providenza in accordance with the Data Protection Act (Chapter 586 of the Laws of Malta) because you are requesting to use one or more services provided by Dar tal-Providenza either by yourself or by your dependant. The data provided will be kept confidential in both written and electronic format. It will be accessible only to those employees of Dar tal-Providenza who are required to process it by virtue of their roles and responsibilities. Dar tal-Providenza will only share the data with third parties if it is required to do so by law, or if it is necessary for the performance of a task carried out in the applicant's best interest, or if this is necessary to protect the applicant's vital interests in case of emergency.

You have the right, in respect of your dependant's personal data that is held and processed by us, subject to the terms laid out in the GDPR, to request access to it, to request its correction if it is inaccurate and/or its erasure if its processing is unnecessary, to request restriction of its processing, to object to such processing and to data portability. Also, if you have any queries or concerns relating to the processing of your data or of your dependant, you have the right to lodge a complaint with the Office of the information and Data Protection Commissioner, Malta.

34. Authorization

I hereby agree to abide by the terms and conditions listed above and I declare that the information provided in this application is true to the best of my knowledge and nothing has been concealed therein.

Signature of Applicant or Legal Guardian

Date

35. Attached Documents - Photocopy of

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

36. For Office use only

Board of selection:

Name and Signature of person who checked the application

Board of Selection