



GOVERNMENT
of JAMAICA
MINISTRY OF LABOUR
& SOCIAL SECURITY



Jamaica Council for
Persons with Disabilities
EDUCATING • ADVOCATING • EMPOWERING



Photo

Jamaica Council for Persons with Disabilities Registration Form

JCPD REGISTRATION FORM
SECTION:

A

- INSTRUCTIONS:**
- I. This application is to be completed in **BLOCK CAPITALS** using black or blue ink pen;
 - II. Tick (✓) boxes where applicable;
 - III. Where the information is not applicable to you, indicate by writing N/A

NB. In the case of a minor the Parent/Guardian can answer questions on this form. Staff of the Jamaica Council for persons with Disabilities, MLSS or an officer from a Non-Government Organization can complete the form.

1. National Insurance Number(s) _____ 2. TRN _____

3. Birth Certificate: _____ 4. Other National ID (specify) _____

5. Name _____ Mr. Miss Mrs.
Last Name First Name Middle Name(s)

6. State all other names (including maiden name) that you have been known by.

7. Marital Status
 Single Common-Law Married Separated Widowed Divorced

8. Sex: Male Female 9. Date of Birth: ____/____/____ 10. Nationality: _____
Yr. Mth Day

11. Home Address _____ 12. Mailing Address (if different from Home Address) _____

13. E-mail Address: _____

14. Contact Number(s): _____ / _____ / _____
Home Work Mobile

15. Indicate the Number of Dependents: _____ 16. Age(s) From: _____ to _____
Youngest Age Eldest Age

17. Position currently held in Household: _____

18. Indicate the Type of Disability, if the applicant has more than one Disability please indicate:
 Blind Deaf Physical Mental Illness
 Intellectual Speech Multiple (tick them) Visual Impairment

Other (specify): _____

THIS SECTION IS FOR NEXT OF KIN OR GUARDIAN (30-40).

30. National Insurance Number(s) _____ 31. TRN _____

32. Name of Next of Kin/Guardian _____ Mr. Miss Mrs.
Last Name First Name Middle Name(S)

33. State all other names (including maiden name) that you have been known by and submit Deed Poll if applicable.

34. Sex: Male Female 35. Date of Birth: _____ / _____ / _____
Yr. Mth Day

36. Parish/Province/State and Country of Birth: _____ / _____
Parish/Province/State Country

37. Home Address of Next of Kin/Guardian.

38. Mailing Address (if different from Home Address).

39. E-mail Address. _____

40. Contact Number(s): _____ / _____ / _____
Home Work Mobile

SECTION A. APPLICANT'S DECLARATION AND SIGNATURE

I hereby certify that the information provided by me is true to the best of my knowledge and belief.

Signature or Mark of Applicant: _____

Date of Birth: _____ / _____ / _____
Yr. Mth Day

SECTION B.

WITNESS' CERTIFICATE AND SIGNATURE

INSTRUCTIONS: To be completed for applicants who are unable to read and write due to illness, disability or illiteracy.

I hereby certify that the applicant made the necessary mark to the Declaration in my presence after same was first explained to him/her and he/she indicated that he/she fully understood.

Name of Witness: _____ Occupation or: _____
Qualification

Address: _____

Name & Signature of Witness: _____

Contact Number: _____ Date of Birth: _____ / _____ / _____
Yr. Mth Day

N.B. This form can be witnessed by any of the named persons: A Justice of the Peace, a Medical Doctor, a Principal/ Senior Teacher, a Minister of Religion, or a Senior Social Worker.

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JCPD REGISTRATION FORM
SECTION:

B

THIS SECTION IS TO BE COMPLETED BY A DESIGNATED OFFICER

1. (a) Are you employed? Yes No

2. (b) If "Yes", state? (i) Classification of Employment Self - Employed Domestic
Employed (to an organization)

The current occupation (ii) Farmer Agriculture Restaurateur Creative Craft
Aqua Culture Human Care Services Seamstress Tailor
Baker

Other (specify) _____

Current Position if (iii) Managerial Senior Manager Middle Manager
Employed Administrative Staff Support Staff

Other (specify) _____

3. Present and Past Occupations ((Starting with the most recent).

Organization	Job Title	From	To	Description

- 4. Hobbies/Interests:** Reading/Composing songs & poems Agriculture/Horticulture
 Travelling; Socializing/Relaxation Field & Athletic Sports
 Domestic activities Volunteering Technology
 Outdoor activities Water Sports Ball Games

- 5. Proposed Future Occupation:** Entrepreneurship Health care Professional Business related
 Uniformed Corps Human Services Worker Mechanical Field
 Sports Related Engineering Earth Sciences
 Scientific Field Technology
 Other (*specify*) _____

6. Career Goals: _____

- 7. State any training rehabilitation or other services, etc. that would enhance your functional capacity as follows: *Tick all that apply***
- (i) **Independence:** Assistive/Adaptive Aides Direct Care Support Therapeutic Support
 Adaptations/Modifications
- (ii) **Employability:** Adaptations & Modifications Therapeutic Support Assistive /Adaptive Aides
 Direct Care Support

- 8. In order of priority, provide a list of the challenges you encounter, especially in the context of having a disability:**
- Environmental** - physical environment, transportation, access to schools etc
 - Attitudinal**
 - Lack of Assistive/Adaptive Aides**
 - Inadequate Direct Care Support**
 - Affordability of General Essential Services**
 - Availability of General Essential Services**

- 9. Please specify if you are a beneficiary of any government assistance programme such as:**
- Programme of Advancement Through Health and Education (PATH)**
 - Jamaica Drugs for the Elderly program (JADEP)**
 - Government Pension Program**
 - National Health Fund (NHF) Primary**
 - National Insurance Scheme Beneficiary (NIS)**
- Other (*specify*) _____

10. Please specify if you are a beneficiary of any:

