



**NATIONAL DEVELOPMENT FUND FOR PERSONS WITH
DISABILITIES APPLICATION FORM- PO/AP/2
REHABILITATION ASSISTANCE**

NOTE: SUBMISSION OF THE APPLICATION IS NOT A GUARANTEE FOR FUNDING

SECTION A: PERSONAL DETAILS

1. NAME:
2. GENDER: MALE FEMALE
3. DATE OF BIRTH: (DD/MM/YY)
4. NATIONAL ID NUMBER: (ATTACH A COPY)
5. DISABILITY IDENTIFICATION NUMBER: (ATTACH A COPY)
6. A) POSTAL ADDRESS: CODE TOWN
TELEPHONE: EMAIL:
- B) HOME PHYSICAL ADDRESS: LOCATION WARD
SUB-COUNTY CONSTITUENCY COUNTY
7. OCCUPATION/EMPLOYMENT OF APPLICANT (WHERE APPLICABLE):
.....
8. IF APPLICANT IS UNDER 24 YEARS, NAME OF PARENT/GUARDIAN:
..... NATIONAL ID. NO:
RELATIONSHIP TO APPLICANT:
9. OCCUPATION/EMPLOYMENT OF PARENTS/GUARDIAN (WHERE APPLICABLE)
10. STATE DISABILITY TYPE(S)
11. STATE THE DATE/YEAR IN LIFE YOU ACQUIRED THE DISABILITY
.....
12. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:
 TEXT ONLY SIGN LANGUAGE LARGE PRINT BRAILLE
 OTHER (SPECIFY)

SECTION B: REHABILITATION ASSISTANCE REQUESTED

**(APPLICANTS ARE ENCOURAGED TO SEEK ADMISSION TO GOVERNMENT
RECOGNIZED INSTITUTIONS AND FAITH/MISSION BASED
INSTITUTIONS)**

1. INSTITUTION:
2. POSTAL/PHYSICAL ADDRESS:
TELEPHONE: EMAIL:

.....
3. ARE YOU CURRENTLY ENROLLED? YES NO
(C) SPECIFY THE CATEGORY OF REHABILITATION YOU ARE ENROLLED IN (EG VISUAL LOSS, MOBILITY, SPEECH/COMMUNICATION ETC)

.....
5. STUDENT REGISTRATION /ADMISSION NO.....

6. STUDY TYPE FULL TIME PART TIME

7. DURATION OF STUDIES START DATE.....
COMPLETION DATE.....

8. SKILLS EXPECTED UPON FINAL QUALIFICATION:

.....

.....

.....
OTHER (SPECIFY)

9. **STATE THE TOTAL AMOUNT OF FEES REQUIRED FOR THE WHOLE REHABILITATION COURSE i.e. AMOUNT AS STATED IN THE OFFICIAL ANNUAL FEE STRUCTURE AND CURRENT FEE STATEMENT FOR CONTINUING STUDENTS (ATTACH A COPY OF A CERTIFIED OFFICIAL ANNUAL FEE STRUCTURE/CURRENT FEE STATEMENT)**

10. **STATE AMOUNT YOU ARE REQUESTING FROM NDFPWD:**

11. STATE YOUR OWN CONTRIBUTION (TOWARDS FEE STRUCTURE AMOUNT):

.....

12. HAVE YOU PREVIOUSLY RECEIVED REHABILITATION ASSISTANCE/SPONSORSHIP/BURSARY YES NO

IF YES, STATE SOURCE: A) NDFPWD.....YEAR RECEIVED
AMOUNT.....

B) OTHER (SPECIFY) YEAR RECEIVED AMOUNT

SECTION C: DECLARATION

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

COPY OF NATIONAL IDENTITY CARD (OR PARENT'S/GUARDIAN'S IF APPLICANT IS UNDER 24 YRS.)

COPY OF DISABILITY IDENTIFICATION CARD

COPY OF LETTER OF ADMISSION OR LETTER FROM INSTITUTION IF A CONTINUING PUPIL/STUDENT

COPY OF CERTIFIED OFFICIAL FEES STRUCTURE/CURRENT FEE STATEMENT FOR CONTINUING STUDENT

COPY OF PREVIOUS CERTIFICATE(S)/REPORT FORMS, LETTER FROM HEAD TEACHER/FACULTY/DEPARTMENT

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

SIGNATURE: DATE:

SECTION D; FOR USE BY THE HEAD OF THE INSTITUTION/ACADEMIC REGISTRAR

INSTITUTION NAME
NAME OF OFFICER:DESIGNATION CONTACT
(TELEPHONE NUMBER)

I HEREBY CERTIFY THAT THE HEREIN NAMED INSTITUTION IS REGISTERED WITH THE GOVERNMENT AND IS RECOGNIZED PROVIDER OF THE COURSE FOR WHICH THE APPLICANT NAMED IN THIS FORM HAS APPLIED. THE APPLICANT IS ALSO DULY REGISTERED/ADMITTED IN THE INSTITUTION

ACCOUNT DETAILS OF INSTITUTION

ACCOUNT NAME: ACCOUNT NUMBER:
NAME OF BANK: BRANCH:
SIGNATURE AND STAMP: DATE:

SECTION E; FOR OFFICIAL USE – NCPWD COUNTY DISABILITY SERVICES OFFICER

NAME OF OFFICER: COUNTY:

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR EDUCATION ASSISTANCE SUPPORT. REASON FOR RECOMMENDATION/REJECTION:
.....
.....

I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS A STUDENT OF THIS INSTITUTION AND IS CURRENTLY ENROLLED

SIGNATURE AND STAMP: DATE:
.....

SECTION F; FOR OFFICIAL USE – NCPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER
DESIGNATION.....

SIGNATURE AND STAMP.....DATE RECEIVED:
REFERENCE NO:.....