



**NATIONAL COUNCIL FOR PERSONS  
WITH DISABILITIES  
DISABILITY REGISTRATION FORM**



<b>Registration No (For official use only)</b>							
<b>Date of registration</b>		Day	Month	Year			
<b>PERSONAL DETAILS</b>							
B01	<b>Full Name (Block Letters)</b>	Surname		First Name			Last Name
B02	<b>Nationality</b>	By Birth		By Citizenship			
B03	<b>ID/Birth Certificate No</b>						
B04	<b>Postal Address</b>	Box No		Code	City/Town		
B05	<b>Telephone Number</b>						
B06	<b>Email Address</b>						
B07	<b>KRA PIN</b>						
B08	<b>Next of kin</b>	Name			Relationship		Telephone No

B09	County		B12	Ward		B15	Village	
B10	Sub-county		B13	Location				
B11	Constituency		B14	Sub-location				

B16	<b>Sex</b>	Male		Female		Intersex			
B17	<b>Date of Birth</b>	Day		Month		Year			
B18	<b>Marital status</b>	Married		Divorced		Separated		Widowed	Single
B19	<b>Highest Level of Education</b>	None		Primary		Vocational		Secondary	College
		Undergraduate		Postgraduate					



9(a)	Progressive Conditions (Cardiovascular)								
9(b)	Progressive Conditions (Musculoskeletal)								
9(c)	Progressive Conditions (Neurological)								
9(d)	Progressive Conditions (Cancer)								
9(e)	Progressive Conditions (Gastrointestinal disorder)								
9(f)	Progressive Conditions (Vascular conditions)								
9(g)	Progressive Conditions (Genitor-urinary)								
	Progressive Conditions (other)-Specify								
Type of Assistive Device used									

<b>REGISTRATION WITH SOCIAL PROTECTION PROGRAMS</b>			
Are you registered with any Inua jamii program? If yes, give details	1.opct		3.pwsd
	2.ovc		4.hsnp
*I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE*			
Sign: .....	Date: ...../...../.....		
(Person seeking registration)			
<b>FOR OFFICIAL USE ONLY</b>			
Name of Registering Agent		Sign and Stamp	