(ATTACH PHOTO)

# NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES

## INDIVIDUAL REGISTRATION FORM

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Registration No. (For Official use only) | | | | | | | | | | | | | | | |
| Date of registration | Day | | Month | | Year | | | | | | | | | | |

**PERSONAL DETAILS (BLOCK LETTERS)**

| | | |
|---|---|---|
| **A01** | Full name | _____ |
| **A02** | ID/Birth Certificate No | _____ |
| **A03** | Postal Adress (the most stable) | Box No. _____ Code _____ City/Town _____ |
| **A04** | Cellphone Number | _____ |
| **A05** | Nationality | _____ |
| **A06** | Name of next of kin | _____ |
| **A07** | Relationship to next of kin | _____ |

**PERMANENT ADDRESS/AREA OF IDENTIFICATION**

| | | |
|---|---|---|
| **A08** | County……. _____ | **B12** Home Location……. _____ |
| **A09** | Sub County…...._____ | **B13** Home Sub Location ……..____ |
| **A10** | Home Division..... _____ | |
| **A11** | Constituency…..._____ | |

**DEMOGRAPHIC INFORMATION**

| | | |
|---|---|---|
| **A12** | Sex | 1 Male….. 2 Female……. |
| **A13** | Date of birth | Day**: ……..** Month: …… Year:…….. |
| **A14** | Marital Status | 1 Married 2 Divorced 3 Separated 4 Widowed 5 Never married |

**DISABILITY** (Mark appropriate box. If major cause = 1, then **B03** should be blank)

| **B01** | **B02** | | | **B03** | **B04** | |
|---|---|---|---|---|---|---|
| Nature of disability | Major cause | | | At what age? (Years) | Severity of the disability | |
| | By birth | Accident | Illness | | Severe | Moderate |
| 1 Albinism…… | 1 | 2 | 3 | …… | 1 | 2 |
| 2 Physical ……. …… | 1 | 2 | 3 | …… | 1 | 2 |
| 3 Mental…… …… | 1 | 2 | 3 | …… | 1 | 2 |
| 4 Visual …… …… | 1 | 2 | 3 | …… | 1 | 2 |
| 5 Hearing…… …… | 1 | 2 | 3 | …… | 1 | 2 |
| 6 Epilepsy…… …… | 1 | 2 | 3 | …… | 1 | 2 |
| 7 Blind…… …… | 1 | 2 | 3 | …… | 1 | 2 |
| 8 Deaf/using sign language…… | 1 | 2 | 3 | …… | 1 | 2 |
| 9 Deaf/able to talk normally …… | 1 | 2 | 3 | …… | 1 | 2 |
| 10 Other (specify)… …… | 1 | 2 | 3 | …… | 1 | 2 |
| → …… …… | | | | | | |

**Signed:**

_____

(Name of Registration Agent) (Signature/Stamp)