 

# NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES (NDFPWD) APPLICATION FORM- PO/AP/7

**TOOLS OF TRADE**

***NOTE: SUBMISSION OF APPLICATION DOES NOT GUARANTEE SUPPORT***

#  SECTION A: PERSONAL DETAILS

1. NAME: …………………………………………………………………………………………………………………………

2. SEX: MALE  FEMALE  INTERSEX 

3. DATE OF BIRTH: (DD/MM/YY) ………………………………………………………

1. NATIONAL ID NUMBER: (ATTACH A COPY) ….…………………………………
2. DISABILITY IDENTIFICATION NUMBER: (ATTACH A COPY) ………………………

6. STATE DISABILITY.……………………….……………………

1. CAUSE OF DISABILITY:  CONGENITAL  ACQUIRED (STATE YEAR ACQUIRED) …………………….…….
2. PERMANENT COUNTY OF RESIDENCE: …………………………………...…. SUB-COUNTY: …….………….……….……

LOCATION: …………………………….…….…… CONSTITUENCY: ……………………………………………………………

9. SUB LOCATION ………………. ………………TELEPHONE: …………………………………. EMAIL: ….………………………

10. IF APPLICANT IS UNDER 18 YEARS,

11. NAME OF PARENT/GUARDIAN: ……………………………………………………NATIONAL ID. NO: …………………………

RELATIONSHIP TO APPLICANT: ………………………… CELL PHONE NO.: …………………………………………………….

1. STATE IF YOU HAVE ANY SPECIAL COMMUNICATION NEEDS:
2. TEXT ONLY  SIGN LANGUAGE  LARGE PRINT  BRAILLE 

OTHER (SPECIFY)  …………………….........

#  SECTION B: EDUCATION/TRAINING STATUS INFORMATION

* 1. HIGHEST LEVEL OF EDUCATION COMPLETED: (**TICK AS APPROPRIATE**)
		1. NONE 
		2. PRIMARY 
		3. VOCATIONAL CENTRE 
		4. SECONDARY 
		5. TERTIARY 
		6. UNIVERSITY 
	2. FORMAL/INFORMAL TRAINING (**WHERE APPLICABLE**)
		1. FORMAL (TECHNICAL /VOCATIONAL TRAINING)
			1. NAME OF TECHNICAL/ VOCATIONAL COURSE ………………………………………………………………………

ii. DURATION OF THE COURSE …………………………………………………………………………………………

iii. NAME OF VOCATIONAL /TECHNICAL INSTITUTION ATTENDED ………………………………………………

iv. TRADE TEST PASSED ………………………………………………………………………………………………………...……

* + 1. INFORMAL (APPRENTICESHIP TRAINING)

i. TYPE OF SKILL ACQUIRED ……………………………………………………………………………………………...………

ii. WHERE YOU ACQUIRED THE SKILL …………………………………………………………………………………………

iii. REFEREE (NAME AND CONTACT OF THE TRAINER) …………………………………………………………………

* 1. CURRENT EMPLOYMENT STATUS OF APPLICANT: (**TICK AS APPROPRIATE**)
		1. EMPLOYED  WHERE ARE YOU EMPLOYED ………………………………………………………………………
		2. SELF-EMPLOYED  TYPE OF BUSINESS…………………………………………… LOCATION…………………...……
		3. UNEMPLOYED  WHAT ARE YOU CURRENTLY DOING? ……………………………………………………………

#  SECTION C: TOOLS REQUESTED

1. TYPE OF TOOL(S) REQUESTED (PROVIDE SPECIFICATION OF THE TOOLKIT BY COMPONENTS, SIZES AND ANY OTHER RELEVANT DESCRIPTIONS).

…………………………………………………………………………………………………………….………………..………………………..

…………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………

1. APPROXIMATE COST OF TOOLKIT REQUESTED IN (KSHS) ……………………………………………………………………

3. WHY ARE YOU REQUESTING FOR THE TOOLKIT?.....................................................................................

……………………………………………………………………………………………………………………………………………………………

1. HAVE YOU RECEIVED ANY TOOLKIT IN THE PAST? YES  NO  (**TICK AS APPROPRIATE**) IF YES STATE:

THE TOOLKIT RECEIVED………………………………………………………………………………………………………………

THE PROVIDER OF THE TOOLKIT…………………………………………………………………………………………………

1. STATE ANY ADAPTATION REQUIRED ON THE TOOLKIT IN RESPECT OF YOUR DISABILITY:

…………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………

#  SECTION D: APPLICANT’S BACKGROUND INFORMATION

|  |  |
| --- | --- |
| **INDICATOR** | **DESCRIPTION** |
| HEALTH | DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR CONDITION? YES  NO (**IF YES PROVIDE EVIDENCE**) |
| HOUSEHOLD INCOME | WHAT IS YOUR HOUSEHOLD SOURCE OF INCOME? (**TICK AS APPROPRIATE**)  EMPLOYMENT CASUAL  FARMING  PASTORALIST  BUSINESS STATE AVERAGE MONTHLY INCOME (KSHS) ………………………. |
| HOUSING | HOUSEHOLD DWELLING: (**TICK AS APPROPRIATE**) OWNER ( PERMANENT  SEMI PARMANENT) RENTED ( PERMANENT  SEMI-PERMANENT) |
| HOUSEHOLD CHARACTERISTICS | NUMBER OF MEMBERS IN YOUR HOUSEHOLD …………….NO. OF HOUSEHOLD MEMBERS WITH DISABILITIES …………………(PROVIDE REGISTRATION NUMBERS) ………………………NO. OF SIBLINGS IN SCHOOL:I) SECONDARY SCHOOL: ……… II) UNIVERSITY ………ARE OUR PARENTS ALIVE?  YES  NO(IF DECEASED PROVIDE DEATH CERTIFICATE/BURIAL PERMIT)ARE YOUR PARENTS LIVING TOGETHER?  YES  NO |

 **SECTION E: DECLARATION**

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

 COPY OF NATIONAL IDENTITY CARD

 COPY OF DISABILITY IDENTIFICATION CARD

 COPY OF CERTIFIED CERTIFICATE(S)/LETTER FROM TRAINING INSTITUTION/ APPRENTICESHIP REFERENCE

I CERTIFY THAT THE INFORMATION

PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: …………………………………………………………………………. DATE: ...…………………………………………

#  SECTION F: FOR OFFICIAL USE- NCPWD COUNTY DISABILITY SERVICES

 I DO / DO NOT [TICK AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL TO NDFPWD FOR SUPPORT.

REASON FOR RECOMMENDATION/REJECTION:

………………………………………………………………………………………………………………………………………………………………….

……….………………………………………… …………………………………………………………………………………………………………….

 I CONFIRM THAT ALL THE RELEVANT DOCUMENTS ARE ATTACHED AND CORRECT

NAME OF OFFICER: ………………………………………………………. COUNTY: ………………………………………………………

SIGNATURE AND STAMP: ……………………………………DATE SUBMITTED ON MIS: ………………………………………

#  SECTION G: FOR OFFICIAL USE- NDFPWD HEADQUARTERS

RECEIVED BY:

NAME OF OFFICER: ………………………………………………………………… DESIGNATION: ………………………………

SIGNATURE AND STAMP: ……………….…………………… DATE APPROVED ON MIS: …………………………………

REFERENCE NO: ...……….……