



EMPOWERMENT PROGRAMME

6 Collins Green Avenue, Kingston 5
Tel: (876) 754 9816-8 Facsimile: (876) 754 9820

INTAKE FORM

ALL SECTIONS MUST BE COMPLETED IN FULL.
PLEASE PRINT YOUR RESPONSES IN BLUE OR BLACK INK.
THIS IS A CONFIDENTIAL FORM WHICH IS COMPLETED BY OR ON
BEHALF OF EACH PARTICIPANT.

PERSONAL INFORMATION

1. Title (Mr. /Miss/ Mrs): _____
Last Name First Name Middle Name
2. Date of Birth: (dd/mm/yy): ____/____/____ Current Age: _____ Sex: Male Female
3. Permanent Address: _____
Street Name & Number
Town Parish
4. Contact Information: _____
Home Phone Mobile: Digicel Lime Email Address
- 4b. How would you prefer to be contacted? Call Text Email
5. ID Type: Passport Drivers License National ID 5b. ID #: _____
6. Tax Registration Number (TRN): _____ 7. National Insurance Scheme number (NIS): _____
8. Do you have a Commercial Bank Account? Yes No Please state name of bank: _____
- 8b. Account #: _____ 8c. Branch#: _____
9. Do you have any children? Yes No 9b. If yes, how many _____ 9c. Specify the age(s): _____
10. With whom do you live? _____

EMERGENCY CONTACT

11. Name of Parent or Guardian: (Mr./Miss/Mrs.) _____
Last Name First Name
- 11b. Relationship: _____ 11c. Contact Number(s): _____
- 11d. Occupation: _____
12. Please indicate another individual for us to contact in case of an emergency.
Name: (Mr./Miss/Mrs.) _____
Last Name First Name
- 12b. Relationship: _____ 12c. Contact Number(s): _____
- 12d. Occupation: _____

MEDICAL HISTORY

13. Please indicate the type of disability: _____
- 13b. Age at diagnosis: _____
14. Do you have any allergies or serious health condition? Yes No If yes, please state: _____
15. Do you have any mental or behavioural problems? Yes No If yes, please state: _____

MEDICAL HISTORY Cont'd

16. Do you suffer from any of the following conditions?

- Epilepsy Seizures Schizophrenia Kidney failure Heart condition
- Hypertension Diabetes Asthma Sinusitis

16b. Are you presently taking any medication? Yes No

16c. Are you currently receiving counseling services? Yes No

17. How do you think any of these conditions impact your functioning as an individual? _____

EDUCATION HISTORY

18. Please state school(s) attended:

Name of School (s)	Years Attended	Qualification Achieved

19. Do you have any additional skill(s)? Yes No If yes, please state: _____

20. Are you certified in this area? Yes No If yes, please state: _____

EMPLOYMENT HISTORY

21. Have you ever worked before? Yes No 20b. If, yes please provide details of your most recent employment:

Name of Company1:	Name of Company2:
Duration:	Duration:
Position Held:	Position Held:
Key Responsibilities:	Key Responsibilities:

22. Current employment status: Employed Part-time Employed Full-time Not employed Self-employed

PERSONAL INTEREST AND SKILLS

23. What is your greatest achievement? _____

24. Please state your area of interests: _____

25. Please state your hobbies: _____

26. Please state any volunteer involvement: _____

27. Please state your extracurricular involvement: _____

28. What do you consider your greatest strength? _____

29. What is the most important goal you would want to accomplish in your life? _____

GENERAL

30. Are you a beneficiary of the PATH programme? Yes No

31. Are you registered with the Jamaica Council for Persons with Disabilities (JCPD)? Yes No

32. What do you expect from the programme?

33. What do you hope to accomplish while in the programme? _____

34. Have you ever participated in a work experience Programme? Yes No

34b. If yes, please state name of programme(s): _____

35. How did you learn about the Empowerment Programme? (Tick all that apply)

- School Disability Organization Radio Internet Newspaper Family/Friend
 Parish Representative NYS/ HEART Trust NTA Representative

Declaration

I declare that the above information is true to the best of my knowledge. I am aware that any false or misleading information will result in my application being rejected. I have attached the following supporting documents.

(Tick as indicated):

Birth Certificate (copy)

Valid ID (copy)

NIS (copy)

TRN (copy)

One passport size photo

I acknowledge that failure to submit a fully completed application form and the required documents will result in my application being delayed or rejected. By completing this form, I have granted the National Youth Service permission to use any images captured for marketing purposes.

Signature

Date

FOR OFFICIAL USE ONLY

Date completed: _____

Verified by: _____

Comments: _____
