



REGISTRATION FORM

THIS FORM SHALL BE ANSWERED BY (OR FOR) PEOPLE, WITH DISABILITIES. PLEASE FILL OUT THIS FORM AND RETURN TO THE NATIONAL COMMISSION ON DISABILITY

A. Personal Information:

1. Last Name: _____ First Name: _____

2. Sex: (01)Male (02)Female National ID No.: _____

3. D.O.B: ____ / ____ / ____ Age: _____ Region: _____
(dd / mm / year)

4. Nationality: Guyanese (01) Other (02), Please Specify _____

5. Address Lot Number and Street Name: _____

Town/Village Name: _____ (01) Private Dwelling or (02) Institution

6. Contact information: Home phone number: _____ Mobile Phone: _____

Email address: _____

7. Types of disability (I have difficulty with)/ Source/Cause of Disability/ Age Disability was acquired

		Disability Type	Cause (Insert Code)	Age
Visual Disability	(01)	Visually Impaired (even if wearing glasses)		
	(02)	Blind		
Physical Disability	(03)	Orthopaedic Impairment (difficulty moving, reaching, Kneeling, crouching, gripping, holding objects).		
	(04)	Cerebral Palsy		
	(05)	Tasting, Smelling, or Feeling (Physical Touch)		
Hearing/ Speech	(06)	Hearing Impaired		
	(07)	Speech Impairment		
	(08)	Deaf		
Learning Disability	(09)	Learning Disability (Dyslexia, understanding)		
	(10)	Attention deficit and Hyperactivity Disorder (ADHD)		
	(11)	Autism		
	(12)	Down Syndrome		
Mental Disability	(13)	Schizophrenia		
	(14)	Mental Health Issues		
Other	(66)	Other, (Including Health, e.g. epilepsy)_____		

CAUSE KEY:

(1) Born with Disability

(2) Acquired disability by disease

(3) Violence

(4) Acquired disability due to an accident at Work

(5) Acquired disability due to a Vehicular accident

(6) Acquired disability due to an accident while at Home or at Recreation

(7) I don't know



B. Additional Information:

8. Are you currently attending school (Nursery to Secondary Level)?

(0) Below School Age → **GO TO Question 13**

(1) Yes - *If yes, what type? (Please check all that apply)*

(1) Mainstream / Regular School (Nursery, Primary, Secondary)

(2) Special Education Needs

(SKIP TO Question 13)

(02) No *(If NO, GO TO Question 9)*

9. If you are NOT currently attending, have you ever gone to school before (Nursery to Secondary Level)?

(1) Yes *If YES, ANSWER a, b and c.*

(2) No *If NO: And below 18 years, GO TO Question 10 & SKIP 11 and 12; And above 18 years GO to Question 11*

a. How old were you when you first went to school? _____

b. How old were you when you left school? _____

c. What type of school did you attend? *(Please check all that apply)*

(01) Mainstream / Regular School (Nursery, Primary, Secondary)

(02) Special Education Needs

GO TO Question 11

10. Do you require any schooling?

(01) Yes

(02) No

If YES: Please specify type of schooling (classes) needed: _____

11. Are you currently employed?

(01) Yes

(02) No

If YES: What type of employment (profession)? _____

(If YES, SKIP TO Question 13)

12. Do you require training in order to be able to take up employment?

(01) Yes

(02) No

If YES, what type of training? _____

13. What are your sources of material and financial support? (Please check all that apply)

(01) Employment/ Own Business

(02) Family

(03) Public Assistance (Ministry of Social Protection)

(04) Community

(05) Disabled People's Organization

(06) Other Government Support (e.g. Pension, NIS)

(07) Other Non- government Support

14. (A) Do you use any assistive aid for your disability (e.g. wheelchair, hearing aid, walking aid)?

(1) Yes, *if Yes Please Specify* _____

(2) No

15. A) Do you need any new or additional assistive aid for your disability?

(1) Yes, *if Yes Please Specify* _____

(2) No

16. Do you have the assistive aid you need? (1) Yes

(2) No

17. Are you a member of any disability organization/s?

(1) Yes

(2) No

If YES, what's the name of the organization/s? _____