



The Training and Employment of Disabled Persons Board
Application Form

1. BASIC INFORMATION OF DISABLED PERSON

1. Surname:
2. First Name(s):Gender: Male ☐ Female ☐
3. Date of Birth: National Identity Card Number
4. BIP: Yes ☐ No ☐
5. Marital Status:
- | | | |
|-----------------------------------|------------------------------------|---|
| Single: <input type="checkbox"/> | Divorced: <input type="checkbox"/> | Separated: <input type="checkbox"/> |
| Married: <input type="checkbox"/> | Widow: <input type="checkbox"/> | Living Together: <input type="checkbox"/> |
5. Postal Address
6. Phone number(s):- Residence: Mobile:
7. Email Address (optional)

2. DISABILITY INFORMATION

1. Describe your disability:
-
-
-
2. Cause(s) of disability:
- By Birth ☐ Disease ☐ Accident ☐ Other ☐
- For 'Other', please specify:
3. Since when disabled?
4. Use of Assistive Devices (e.g: hearing aid, manual wheelchair etc)Yes ☐ No ☐
- If 'Yes', name the assistive device(s) used:

5. Ability (whether can take stairs, travel alone, travel by public transport, others)

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ACADEMIC QUALIFICATIONS

3. Academic Qualification details

CPE			
YEAR:.....		RESULT:.....	
SC/GCE O LEVEL:RESULT:..... YEAR:..... SITTING:.....			
SUBJECTS		GRADE	
1		5	
2		6	
3		7	
4		8	
HSC/GCE A LEVEL:			
RESULT:		YEAR: SITTING:	
SUBJECTS		GRADE	
PRINCIPAL		SUBSIDIARY	
.....		
.....		
.....		

4. Technical/Vocational Qualification Details

INSTITUTION	QUALIFICATION	SUBJECTS	YEAR	LEVEL/RESULT

5. Professional Qualification details

Year	Course	School/Institution attended	Results (specify if In Study)

6. Are you interested in following a training course? Yes ☐ No ☐

If 'Yes', in which particular field are you interested for training?

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7. Outline your employment/placement history (if any)

Year	Employer's Name	Duties/ Appellation	Date of Joining	Date of Resignation (if applicable)	Reasons for leaving	Status (placement, contract, permanent)

Additional Information

Willing to travel for half an hour to work YES ☐ NO ☐

Night Shift YES ☐ NO ☐ Irregular Working Hours YES ☐ NO ☐

Computer Literate: YES ☐ NO ☐

Job preference by sector: 1. 2. 3.

(sectors: Hotel, BPO, Banking, Offshore, ICT, Textile, Beverages, factories, Agriculture, others)

APPLICANT INFORMATION (Responsible party for minors Only)

1. Responsible party:

2. Relationship with the disabled respondent (if applicable):

3. NIC: Phone Number(s): Mobile:
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Applicant Name Signature:

Note: Once filled, the Application Form should be submitted to:

**The Officer-in-Charge
TEDPB Head Office
Social Security House
West Wing-2nd Floor
Rose Hill**

Tel: 465 9495

Date: