

EQUAL OPPORTUNITIES PERSONS WITH DISABILITY



APPLICATIONS FOR SERVICES PROVIDED BY THE NATIONAL COMMISSION PERSONS WITH DISABILITY (KNPD)

THESE APPLICATIONS AND OTHER INFORMATION
CAN BE OBTAINED IN MALTESE OR ENGLISH VERSIONS
FROM THE WEBSITE www.knpd.org OR FROM
THE OFFICES OF THE KNPD IN THE FOLLOWING FORMATS :

- PRINTED IN MALTESE
- PRINTED IN ENGLISH
- LARGE PRINT IN MALTESE
- LARGE PRINT IN ENGLISH

MORE INFORMATION ABOUT THESE SERVICES
CAN BE OBTAINED FROM THE OFFICES OF THE KNPD
OR FROM THE BOOKLET
SERVICES AND BENEFITS FOR PERSONS WITH DISABILITY
(Copies in English and Maltese can be obtained from the offices of the
KNPD or from the website: www.knpd.org)



Bugeja Institute, Triq Braille, Sta. Venera SVR1619 - MALTA
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APPLICATIONS FOR SERVICES PROVIDED BY THE NATIONAL COMMISSION PERSONS WITH DISABILITY

Important Notes :

1. Page 3 of this form should **always** include the details of the person with disability.
2. The medical certificate in Pg 4 should be filled by the person's doctor only in those cases where the applicant :
 - a. is applying for the first time for any of the KNPD services
 - b. needs to renew the Special Identity Card or Blue Sticker if issued on a temporary basis.
 - c. needs to renew the Blue Sticker if issued on a temporary basis.
3. Pages 5 to 8 include the applications for the various services offered by the KNPD. Applicants are requested to fill **only** the pages related to the services they require.

Office hours during which you may contact KNPD in person or by phone

	January - December
Monday	8:15 am - 12:00 pm 1:30 pm - 5:00 pm
Tuesday to Friday	8:15 am - 12:00 pm

The National Commission Persons with Disability (KNPD) processes your personal data in line with the Data Protection Act (2001). Data provided by you shall be treated in the strictest confidence, and may be retained by the KNPD or transferred to third parties in order to provide you with the best possible service or otherwise as required by law. Data about you may also be collected from third parties for these purposes. Please note that, in compiling this form, you should provide personal data that is correct and you should inform the KNPD of any alterations and updates to your personal data. You have the right to require access to your personal data as held by the KNPD.



FOR OFFICE USE ONLY	Registration					ID Card Number							

DETAILS OF THE PERSON WITH DISABILITY.

Please use block letters. Items 12,13, 14 and 15 can be left blank.

1. Name																			
2. Surname																			
3. ID Card no.								()										
4. Date of Birth								5. Male	<input type="checkbox"/>	Female	<input type="checkbox"/>								
6. House no.																			
7. House name																			
8. Street name																			
9. Locality																			
10. Post code								11. Malta	<input type="checkbox"/>	Gozo	<input type="checkbox"/>								
12. Telephone No.																			
13. Texttelephone No.																			
14. Mobile phone																			
15. Email																			

Occasionally, KNPD makes use of the information that you are submitting to send you information that is of benefit specifically to persons with disability that are registered with it. This can also be done on behalf of third parties. To be able to do this, KNPD **requires your consent**.

(Put a ✓ as applicable)

I would like to receive information mailed by KNPD:																					
16. Services and Benefits:										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
Maltese	<input type="checkbox"/>	English	<input type="checkbox"/>	Audio (Maltese)	<input type="checkbox"/>																
17. Indaqs (KNPD newsletter)										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
Maltese	<input type="checkbox"/>	English	<input type="checkbox"/>	Audio (Maltese)	<input type="checkbox"/>																
18. Other information issued by the KNPD										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
19. Other information issued by third parties										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
20. Signature of person with disability *																					
21. Name, surname & ID No. of person signing the form														22. Date							
														D	D	M	M	Y	Y	Y	Y
ID ()																					

* Signed by the parent or guardian of the person with disability **only** in cases:

- where the disabled person is under 18yrs of age; or
- where the person cannot sign on his/her behalf because of the nature of the disability.



FOR OFFICE USE ONLY	Registration					ID Card Number					

MEDICAL CERTIFICATE

This information must be submitted by the doctor of the person with disability.

1. Disabled person's name and surname _____

2. Disabled person's ID card number

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3. The permanent disability/disabilities is/are: (Put a ✓ as applicable)

Physical	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Intellectual	<input type="checkbox"/>	Impaired hearing	<input type="checkbox"/>
Impaired vision	<input type="checkbox"/>		

4. Put a ✓ next to the services your client requires.

Special ID Card	<input type="checkbox"/>	Blue Sticker (Parking Permit)	<input type="checkbox"/>
Assistive Apparatus Fund	<input type="checkbox"/>	Car Registration Exemption	<input type="checkbox"/>
Free Road Licence	<input type="checkbox"/>		

5. Please give a clear and accurate diagnosis and how this is affecting the person in question. The more detailed the information given, the faster this application can be processed.

6. The disability started at birth when the person was ___ years old

7. This person is unable to sign on own behalf. Yes No

Persons applying for the Blue Sticker need to reply to question 8.

8. Does the disabled person have a permanent mobility problem? Yes No

Doctor's signature

Name and surname (Block Capitals)

Medical Registration Number

Official Stamp

Date

Note

If you are presenting a certificate on a separate form or letter, you are kindly asked to fill in boxes 1, 2, 3, 4, 6, 7 and 8.



FOR OFFICE USE ONLY	Registration					ID Card Number				

Application for the Special ID Card

The aim of the Special ID Card is to assist persons with disability participate more fully in Maltese society.

The Special ID Card is issued to persons with a disability.

1. This application must be accompanied by **two passport-sized photos (40mm X 30mm) of the person with disability**. One of the photos must have on its rear:

- The wording "I certify that this is a true likeness of _____ (name & surname of disabled person)
- The signature of a person that knows the disabled person well and is a head of school or adult day centre, a priest, a social worker, certified professional, nurse, mayor or secretary of a local council, or an official holding a similar office.

2. Persons wishing to have other details printed on the back of the Special ID Card should tick below as appropriate.

- ID Card number: Yes No
- Telephone number: Yes No
- I have epilepsy : Yes No
- I am treated with insulin: Yes No
- I am treated with warfarin: Yes No
- Blood group : Yes No Blood group: _____
- I have specific allergies: Yes No
(if YES, what are they ? : _____)
- I use sign language: Yes No
- Other comments (specify disability) * _____

* *A number of associations requested the KNPD to include some comments on the back of the Special ID Card regarding particular disabilities. You can get a copy of these comments either from the KNPD offices or from the KNPD website at www.knpd.org. If you wish to include any of these comments on the Special Identity Card, please indicate which comment you need.*

Note:

- Please remember to fill in the medical certificate on page 4.
- KNPD reserves the right to appoint a professional person to assess the application in further detail.



FOR OFFICE USE ONLY	Registration					ID Card Number						

Application for a Blue Sticker
(Disabled Persons Parking Permit)

The aim of this service is to allow persons with mobility problems to park in reserved parking spaces in Malta and Gozo, as well as in countries of the European Union.

This permit is issued by the Commissioner of Police on the recommendation of KNPD.

1. This application must be accompanied by **two passport-sized photos (40mm X 30mm) of the person with disability**. One of the photos must have on its rear:
 - The wording "I certify that this is a true likeness of _____ (name & surname of disabled person)
 - The signature of a person that knows the disabled person well and is a head of school or adult day centre, a priest, a social worker, certified professional, nurse, mayor or secretary of a local council, or an official holding a similar office.
2. A cheque for the sum of €11.50 addressed to the National Commission Persons with Disability. (Cash payments will not be accepted if sent by post.)

Notes:

- Please remember to fill in the medical certificate on page 4.
- All applicants are requested by KNPD to attend for an appointment with a KNPD appointed professional.
- The Blue Sticker will be sent to the Commissioner of Police for his/her stamp of approval.
- The same applicant who signed the application form on page 3 must also sign the box at the bottom of this form. -----

*Signature of applicant on Page 3
(Please sign INSIDE the box)*



FOR OFFICE USE ONLY	Registration					ID Card Number				

Application for the Assistive Apparatus Fund

The aim of this service is to assist persons with a disability to acquire special apparatus to help them lead a more independent life.

KNPD delivers this service by means of advice and/or grants to persons with disability.

Please fill the information below:

The apparatus I require is a/an _____

Please send also:

1. Documentation or literature about the apparatus
2. A quotation for the purchase of the apparatus
3. Any one of the following
 - Your last Income Tax return
 - Your most recent FS3
 - The chit attached to the old age pension
 - The chit attached to any benefit issued by the Social Security Department (eg. disabled persons pension)
4. A report by a therapist. (In order to reach a decision about this application, the Board needs a report by a therapist. If you are receiving services from a therapist employed by the Government or by a recognised institution, then they can make the report on an appropriate form obtained from KNPD. If you do not have a therapist, KNPD can send a qualified person to make this report.)
5. Any other information that can assist the Board in its decision-making process.

Notes:

- The application for the Assistive Apparatus Fund will be reviewed by a Board set up for this purpose by the KNPD.
- KNPD reserves the right to verify information submitted in this application with the Departments of Inland Revenue and Social Security, and the Community Chest Fund.
- **DO NOT** purchase the apparatus mentioned in this application before a report is made and sent to KNPD as outlined in 4 above.
- All necessary action (including legal action) will be taken so as to ensure that anyone who benefits from the Assistive Apparatus Fund based on erroneous and/or misleading information will refund all, or part, of the assistance received, as may be the case.



FOR OFFICE USE ONLY	Registration					ID Card Number						

Application for Exemption from Payment of the Car Registration Fee

The aim behind this service is to help disabled persons and their families acquire a means of transportation suitable for their needs.

The Ministry of Finance issues an exemption (full or part) on the Registration Tax on these vehicles on a recommendation by the KNPD.

Please fill in the following details:

1. The applicant requires a: (Put a ✓ as applicable)
 - a. standard car
 - b. a standard car with special modifications
 - c. automatic car
 - d. modified van (with tail lift)

2. Does the applicant receive an allowance for disabled children or disability pension from the Department of Social Security? Yes No

3. Have you received an exemption on another car? Yes No
 If YES, what is the number of that car?

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4. Do you have a driving licence? Yes No

5. What is the age of the disabled person ? _____ yrs

Please attach :

1. A photocopy of your driving licence
2. A photocopy of the allowance for disabled children or disability pension (if applicable)

Notes:

- If the application is for a modified vehicle, the vehicle may be inspected by an appropriate official.
- Some applicants who qualify for this exemption also qualify for an exemption from Road Licence. If you do qualify, there is no need to send further information and/or fill the application on page 9.
- The eligibility for the Free Road Licence does not exempt the licence holder from paying extra CO₂ emission charges. It is the responsibility of the licence holder to check with Transport Malta regarding these charges.
- In order to process this application, the KNPD has to pass your details on to the Ministry of Finance, the Licensing and Testing Department and the VAT Department.



FOR OFFICE USE ONLY	Registration					ID Card Number				

Application for the Exemption from Payment of the Road Licence

The aim behind this service is to help disabled persons acquire a means of transportation suitable for their needs.

The Ministry of Finance issues an exemption (full or part) on the Registration Tax on these vehicles on a recommendation by the KNPD.

Only persons applying **solely** for a Free Road Licence need to fill this form.

Persons applying for an Exemption from the Vehicle Registration Tax and for a Free Road Licence need not fill this form.

Please fill in the following details:

1. The applicant requires a: (Put a ✓ as applicable)
- a. standard car
- b. standard car with special modifications
- c. automatic car
- d. modified van (with tail lift)
2. What is the number of the car to be exempted:
3. Have you already received an exemption for a free road licence on another car? Yes No
- If YES, what is the number of that car?
4. Does the applicant receive disability pension? Yes No
5. Do you have a driving licence? Yes No

Please attach:

1. A photocopy of the log-book of the vehicle to be exempted.
2. A photocopy of your driving licence
3. A photocopy of your road licence
4. A photocopy of the disability pension (if applicable)

It is very important that neither the log-book, nor the driving licence, are expired.

Notes:

- In order to process this application, KNPD has to pass your details on to the Ministry of Finance and the Licensing and Testing Department.
- The eligibility for the Free Road Licence does not exempt the licence holder from paying extra CO₂ emission charges. It is the responsibility of the licence holder to check with Transport Malta regarding these charges.