



Disabled Person's Association of Bhutan

Registration Form

Write in block letters and tick any appropriate box that should appear as .

1. Your Full Name:		Full Photo
2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Date of Birth	Day /Month/ Year:	
4. CID no:		
5. Name of Father:	Name of Mother:	
6. House no:		
7. Thram no:		
8. Village :		
9. Gewog:		
10. Dzongkhag:		
11.No. of siblings:		
12.No of disabled members in the family:		
13. Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	
14. Contact Details (please tick appropriate-<input type="checkbox"/>)		
Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent (Father / Mother) <input type="checkbox"/> Other (please specify):		
Current Address:		
Telephone :		
Contact no:		E-mail:
15. Occupation (tick an appropriate box- <input type="checkbox"/>)		
<input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Other (please specify):		
If you are a student, please provide details of your institution		
Name /Address of School/University : _____		
Telephone : _____		Email : _____
Your school Year/Class : _____		Your major : _____

If employed, please provide details of your organization

Type of your occupation? (Please tick the appropriate box)

NGO staff Self-employed/family company Company employee Government employee

Unpaid staff (Intern/trainee/volunteer) Other (please specify):

Name of Your Employer (Organization/Company) : _____

Address : _____

Contact no: _____ Fax : _____

Website: _____ E-mail: _____

16. Type of Disability (Tick all applicable if more than one)

Physical: Paralyzed -Full body/Partial body - arm/ foot

Amputated: arms / legs or other.....

Speech: Partial / Complete

Visual : Partial blind (if so how far one can see)/ complete blind

Hearing: Partially deaf / completely deaf

Intellectual / Mental: Down syndrome/ Autism, ADHD/LD/Asperger's Syndrome

Other (please specify)

17. Describe your *Personal History* including the cause of your disability

Birth Accident(Specify)..... Medical treatment (please specify the disease).....

Do you require any assistance in your daily life? YES NO

If YES, please tick all appropriate boxes below:

- Aids : Wheelchair Hearing Aid Crutches white cane

Other (please specify) _____

- Personal Assistant: Full-time Part-time

Moving Eating Cooking Cleaning Clothing Toileting Bathing

Other (please specify) _____

Did you receive any treatment or intervention from any organization? If yes , please specify

18. Community

- a. What makes it easier for you to participate in your community?

- b. What makes it harder for you to participate in your community?

- c. Do you feel there is more discrimination for girls/women with disability in the family or community?
(Only for female respondent)

19. Surety – (Medical/GUP/GAO /Teachers/Focal person)- Give the name and contact details of your surety.

Name: _____

Address: _____

Telephone/ Mobile : _____

Email: _____

20. Declaration statement by the applicant

I hereby certify that all the information stated above is true, correct and complete.

Your signature (or type your name) :

Date:

21. Compiled by:

Name : _____ Mobile no: _____

Email ID: _____

Your Signature : _____ Date: _____