



**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
DEPARTMENT OF DISABILITY AND ELDERLY
P.O.BOX 7136, KAMPALA**

FORM ONE: APPLICATION FOR A COURSE IN A VOCATIONAL REHABILITATION INSTITUTION (THIS FORM IS FOR FREE)

This form MUST be filled by the applicant with the support of the Sub County Community Development Officer. The filled application form will be submitted to the Senior Community Development Officer in charge of Disability at the district level, who in turn submits it to MGLSD Department of Disability & Elderly.

Note to Applicants.

1. There are five (5) operational Vocational Rehabilitations Centers namely; Kireka and Lweza Rehabilitation Centers in Wakiso District, Ruti Rehabilitation Center in Mbarara, and Mpumudde Rehabilitation Center in Jinja District and Ocoko Rehabilitation Center in Arua District.
2. The courses available include: - Tailoring, Hair dressing, Carpentry & Joinery, Welding & Metal fabrication, Handicraft making, Leather works, Knitting & Weaving, Backyard farming, Life skills and Activities of Daily Living.
3. The training at Rehabilitation Centers takes a maximum of 12 months.
4. The Vocational Rehabilitation training is designed to assist Persons with Disabilities to overcome the effects of disablement in employment, instil confidence, encourage sound working qualities acceptable in factory routines and time management.
5. Students admitted for the course mentioned in (2) above, must be ready to attend class for eight (8) hours per day.

Bio-Data

Name of Applicant.....
Age.....
Sex.....
Marital Status: -
i. Single.....
ii. Married
iii. Divorced
iv. Widowed
v. If any specify
Nationality.....
NIN
District of Origin.....
Sub County.....
Village.....
Type of Disability

Language spoken.....
 Vocational Institution applied to.....
 Functional limitations (attach medical report)
 Is the applicant able to return home at the end of the course?
 If not, who will pick up the learner?
 i. Guardian/Caretaker Contact
 ii. Father/Mother Contact
 iii. Brother/Sister Contact
 Has the applicant ever served in the Uganda forces?

Past Records of Applicant

1. School record

Primary:

School Name:-.....
 Class

Secondary:-

School Name.....
 Class

2. Other training

Does the applicant(s) have any special skills training? If yes specify.....

3. Contact

Parents/Guardians Information:-

Fathers name and contact.....
NIN.....

Mother name and contact: -.....
NIN.....

Guardian's name and contact:-.....
NIN.....

Applicants Next of kin

Tel No:-.....

Physical Address of next of kin

Local Council 1(L.C.1 Zone).....

Name of LC 1 Chairperson:-.....

Tel No:-.....

Official Stamp

Draw or illustrate the applicants Map and residence from the nearest Trading Centre/Town/Major road.



Sub-County Community Development Officer: -

Comments: -

.....
.....

Date of interview:-.....

Name:

Signature of interviewer.....

Venue of the Interview:-.....

Senior Community Development Officer (SCDO): -

Recommendation: -

.....
.....
.....

Name:

Signature

Date:

Stamp

APPROVAL:

HEAD OF DEPARTMENT DISABILITY & ELDERLY

Comments:-

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.....
.....

Signature:-.....

Date:-.....

Note: Add extra sheets in case of need for more information on the applicant.



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**FORM TWO: MEDICAL ASSESSMENT FORM
CONFIDENTIAL MEDICAL REPORT**

Name of Applicant.....Age.....Sex.....
 Address
 Postal Address.....
 Last occupation
 Diagnosis (Main Disablement first).....
 Functional condition

 Is the person fit for the course applied for?.....
 If No, recommend
 Is the person able to live in hostel?.....
 If No, recommend

Functional assessment

Insert **“A”** for **‘has ability’**, but for disablement write it in words such as **‘Weak’**
“Poor”, “Moderate”, “High” in the space provided below.

Use of upper limbs	Areas	Shoulders	Arms	Hands	Fingers	Touch
	Right side					
	Left side					
Use of lower limbs	Walking	Standing	Sitting only	Hurrying only	Balancing	Climbing Stairs/ladders
Senses	Sight/Vision	Smell	Touch/Feel	Hearing	Taste	Reasoning
			Push/Pull	Lift/Carry	Travel/Walk	Jump/Hop
Ability	Kneel	Stoop/Bend				
Work	Average	Light	Full-time	Part-time	Not at all	Others

ability						
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Remarks and General Appraisal

Medical Practitioner's NameDate.....

Physiological Changes.....

FUNCTIONAL ASSESSMENT (describe fully in detail)

1. Upper Limbs:

- i. Right.....
- ii. Left.....
- iii. Standing.....
- iv. Balancing.....

2. Walking

- i. Distance.....

3. Crawling

- i. Distance.....

4. Hurrying

- i. Distance.....

5. Climbing

- i. Stairs.....
- ii. Ladders.....

(B) ABILITY TO:

- i. Kneel.....
- ii. Stoop.....
- iii. Bend.....
- iv. Push.....
- v. Pull.....
- vi. Lift.....
- vii. Carry.....
- viii. Travel.....
- ix. Work.....
- x. Reach.....

(C) WORK ABILITY:

- i. Heavy.....
- ii. Average.....
- iii. Light.....
- iv. Fulltime.....

Remarks and General Comments (Government Hospital

preferred).....

Date.....Signature.....

Designation.....Address.....

(MEDICAL OFFICER)

Stamp

REQUIREMENTS

- a. Beddings (Mattress, Blanket, 2 pairs of bed sheets, night dress)
- b. Suitcase with good padlock, clothing, tooth paste, tooth brush, 5 toilet paper rolls, enough washing soap, towel and pads for girls.
- c. Basin/Pail, Jerrican, plates, spoon, mug, fork.
- d. 1 copy of your full photograph.
- e. Hand hoe, scrubbing brush, squeezer, 2 hard sweeping brooms, 1/2 ltr of hand sanitizers, 5Ltrs of liquid soap, 5face masks,
- f. A rugger for mopping
- g. Enough Pocket money to be kept in the office
- h. Shs. 5,000/= for Identity card which can be revised and 2 pass port photos
- i. Uniforms will be provided at the institution.

RULES AND REGULATIONS

- i. Trainees admitted in the institutions will choose a course of their choice from the courses available with the guidance of the Instructor and RO.
- ii. All students must obey all the staff in the institution at all times
- iii. Meals shall be served and taken in the Dining hall.
- iv. All students must keep time and follow the time table.
- v. Students must not leave the school compound without permission which will be granted for genuine reasons by the in charge.
- vi. All students should be in Uniforms while at school.
- vii. Lights must be switched off at 10:00pm.
- viii. Visitors are allowed every Saturday and Sunday afternoons and must leave the Center before 6:00pm.
- ix. Students are not allowed to misuse, break or lose any equipment, or else, will be asked to pay for it.
- x. Students are not allowed to cook private food from the kitchen or dormitory.
- xi. Students are not allowed to take alcohol, smoke and any other hard drugs while at the Center.
- xii. Medical reports and prescribed medicine for those who use special prescribed drugs must be declared to the administration.
- xiii. Fighting or being involved in any acts of violence faces the punishment.
- xiv. No visiting the dormitories of opposite sex
- xv. All students are expected to participate in general activities of the Center
- xvi. Any student, who fails to comply with the above rules, shall attract suspension for two weeks or discontinued.

Name: -

Signed: -

STUDENT



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ACCEPTANCE

I.....hereby accept the admission for Vocational skills training for the year..... I have read and understood the rules and regulations put in place and pledge to abide by them and accept sanctions stated therein in case I breach any rule or regulation mentioned.

Signatures:-

Trainee:-.....

Name: Parent/Guardian:-.....

Signature:-.....

Date:-.....

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