

Supported Employment Service On-the-Job Training Programme for People with Disabilities

I am interested in joining the service of :

- Supported Employment Service
 On-the-Job Training Programme for People with Disabilities

Personal Information :

Name : (Mr./ Ms./ Miss) _____

Telephone number : _____

Address : _____

Type(s) of Disability :

- Mentally Handicapped : (Intellectual Level : _____)
 Ex-Mentally Ill : (Diagnosis : _____)
 Other Disability : _____

Referring Social Worker (If any) :

Name : (Mr./ Ms./ Miss) _____

Organisation/ Unit : _____

Position : _____

Telephone number : _____

Email : _____

Parent(s)/ Guardian(s) (For applicants aged below 18) :

Name : (Mr./ Ms./ Miss) _____

Telephone number : _____

*Submission of the form can be made by fax, post, email or in person to our office. Our staff will contact you as soon as possible.

*The personal data collected above will only be used for application purpose.