

PHILIPPINE REGISTRY FORM FOR PERSONS WITH DISABILITY

REGISTRATION NUMBER:	ID NUMBER:	DATE:										
LAST NAME:	FIRST NAME:	MIDDLE NAME:										
TYPE OF DISABILITY (please check only one)												
<input type="checkbox"/> Psychological Disability	<input type="checkbox"/> Chronic Illness	<input type="checkbox"/> Learning Disability										
<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability										
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disability										
ADDRESS:												
House No. and Street:	Barangay:	Municipality: CALACA										
		Province: BATANGAS										
		Región: IV - A										
TEL. NO.:	MOBILE NO:	EMAIL ADDRESS:										
DATE OF BIRTH: (mm/dd/yyyy):	SEX (please check more): <input type="checkbox"/> Male <input type="checkbox"/> Female	NATIONALITY:										
CIVIL STATUS (please check one)												
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widower										
		<input type="checkbox"/> Separate										
		<input type="checkbox"/> Co-Habitation										
EDUCATIONAL ATTAINMENT (Please check only one)												
<input type="checkbox"/> Elementary	<input type="checkbox"/> Elementary Undergraduate	<input type="checkbox"/> High School										
<input type="checkbox"/> High School Undergraduate	<input type="checkbox"/> College	<input type="checkbox"/> College Undergraduate										
<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Vocational										
		<input type="checkbox"/> None										
EMPLOYMENT STATUS:												
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Displaced Worker										
<input type="checkbox"/> Resigned	<input type="checkbox"/> Retired	<input type="checkbox"/> Returning Overseas Filipino Worker										
NATURE OF EMPLOYMENT (please check one)												
<input type="checkbox"/> Private	<input type="checkbox"/> Government											
TYPE OF EMPLOYMENT (please check one)												
<input type="checkbox"/> Contractual	<input type="checkbox"/> Permanent	<input type="checkbox"/> Self – Employment										
		<input type="checkbox"/> Seasonal										
TYPE OF SKILL (please check one)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>SSS No.</td></tr> <tr><td>GSIS No.</td></tr> <tr><td>Phil Health No.</td></tr> <tr><td><input type="checkbox"/> Phil Health Member</td></tr> <tr><td><input type="checkbox"/> Phil Health Member</td></tr> <tr><td>Dependent</td></tr> <tr><td>ORGANIZATIONAL INFORMATION</td></tr> <tr><td>ORGANIZATION AFFILIATED:</td></tr> <tr><td>Contact Person:</td></tr> <tr><td>Office Address:</td></tr> </table>	SSS No.	GSIS No.	Phil Health No.	<input type="checkbox"/> Phil Health Member	<input type="checkbox"/> Phil Health Member	Dependent	ORGANIZATIONAL INFORMATION	ORGANIZATION AFFILIATED:	Contact Person:	Office Address:
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ORGANIZATIONAL INFORMATION												
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Contact Person:												
Office Address:												
<input type="checkbox"/> Official of Government and Special Interest Organization, Corporate Executives, Managers, Managing Proprietors and Supervisor												
<input type="checkbox"/> Professionals												
<input type="checkbox"/> Technician and Association Professional												
<input type="checkbox"/> Clerk												
<input type="checkbox"/> Service Workers and Shop and Market Sales Worker												
<input type="checkbox"/> Farmers, Forestry Worker and Fisherman												
<input type="checkbox"/> Trades and Related Workers												
<input type="checkbox"/> Plant and Machine Operators and Assemblers												
<input type="checkbox"/> Laborers												
<input type="checkbox"/> Unskilled Worker												
<input type="checkbox"/> Special Occupation												
	LAST NAME	FIRST NAME	MIDDLE NAME									
FATHER'S NAME:												
MOTHER'S NAME:												
GUARDIAN'S NAME:												
NAME OF SPOUSE												
ACCOMPLISHED BY:												
NAME OF REPORTING UNIT:												