



Namibia Special Need Adults Centre

Non-profit 21/2017/0506

REGISTRATION FORM

General Information about the person you want to register:

First Name: _____

Surname: _____

Date of Birth: _____ Gender: M / F

Telephone Number: _____

E-Mail Address: _____

Medical Aid: **YES NO**

Responsible Party Information

Frist Name: _____

Surname: _____

Relationship: _____

Cell: _____

E-Mail: _____

Diagnosis: _____

If you dont have a diagnosis from the doctor please answer following questions:

Was your family member born with the disability? **YES NO**

What can your family member do? Example: Walking, Talking, etc.

What difficulties has your family member?

Does he/she has any supporting Equipment like wheelchair etc.?

Thank you for your time and we will get back to you as soon as our research is done! If you need any more Information please do not hesitate to contact me.

FOR MORE INFORMATION CONTACT:
anita@sac-namibia.org or 081 6305971
P.o.Box 11633 Klein Windhoek

GET YOUR REGISTRATION FORM AND REGISTER YOUR LOVED ONE TO SECURE A PLACE!

