

2.8 Application for Providing Self-Employment Assistance to Single Parents and Persons with Disabilities within the Divisional Secretariat Division

Divisional Secretariat Division: **Grama Niladhari Division:**

01. Applicant's Full Name:

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1.1 National Identity Card Number:

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1.2 Address:

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1.3 Telephone Number:

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02. Date of Birth: **Age:** **Gender:** Female / Male

03. Marital Status: Married / Unmarried / Widow / Separated (Delete whichever is not applicable)

04. Nature of Disability (in detail):

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Assistive Devices Used:

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05. Information on Family Members:

Serial No	Name	Relationship	Occupation	Telephone Number	Birthdate	Other

06. If the applicant is currently self-employed, what is it?

6.1. If currently self-employed, expected monthly income

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6.2. Monthly family income

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6.3. Professional tool requested

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6.4. Estimated total value

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6.5. Expected purpose to be achieved with the requested tool

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07. If the equipment you requested is uncommon or not widely available on the market, please provide the addresses, telephone numbers, and approximate prices of the places where they can be purchased.

Address of the place	Telephone number	Approximate value
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Date:

Applicant's Signature:

08. I certify that the information provided in this form is true and accurate.

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Grama Niladhari

09. Special Observation and Recommendation of the Social Services Officer

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Date

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Signature of Social Services Officer

10. Recommended Service

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Signature of Divisional Secretary
(Official Seal)

Department of Probation, Child Protection, and Social Services, Sabaragamuwa Province

11. Recommendation

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Date

Signature of J.S.S. Officer
(Official Seal)

12. Recommendation of the Department of Probation, Child Protection, and Social Services, Sabaragamuwa Province

Date

Signature of Commissioner / Assistant Director of Social Services
(Official Seal)

Approval of the Ministry

Approved / Not Approved

Date

Secretary
(Official Seal)