



**APPLICATION FOR MOBILITY ALLOWANCE FOR INDIVIDUALS WITH THALASSEMIA**

(please read the attached information before proceeding with the completion of the form)

**A. APPLICANT'S DETAILS:**

1. Name:.....	2. Surname:.....
3. Identification No:.....	4. Social Insurance No:.....
5. Date of Birth:.....	6. Citizenship:..... <i>(Citizens of the EU should provide certificates proving their permanent residence in the Republic of Cyprus for 12 consecutive months Individuals with recognized refugee status or subsidiary protection status according to the Refugee Laws should provide the relevant certificate from the Asylum Service or Civil Registry and Migration Department)</i>
7. Address:.....	8. Municipality/Region:.....
9. Postal Code:.....	10. Residence tel. number:.....
11. Mobile tel number:.....	12. Work tel. number:.....
13. Family Status : <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	14. Profession:.....

**B. PARENT / GUARDIAN / ALTERNATIVE PERSON FOR COMMUNICATING DETAILS:** (Please complete this section only if the applicant is under the age of 18 or has a guardian / trustee or if the applicant for whatever reason cannot provide the needed information)

1. Name:.....	2. Surname:.....
3. Identification No:.....	4. Profession:.....
5. Relationship (relative / other relationship) with the applicant : .....	

.....  
Date

.....  
Applicant's Signature

**C. MEDICAL CERTIFICATE FOR INCLUSION IN BLOOD TRANSFUSION PROGRAM** (To necessarily be fulfilled by the Doctor of the Public Services – Thalassemia Centre)

This is to certify that \_\_\_\_\_ (name) with I.D. number \_\_\_\_\_ is diagnosed with thalassemia and is **included in permanent and regular blood transfusion program.**

<b>15.</b> Date of inclusion to the regular blood transfusion program: .....	<b>16.</b> Frequency of blood transfusions: .....
<b>16.</b> Name and Location of the Public Hospital (Thalassemia Centre): ..... .....	

Doctor's name and surname: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Doctor's signature and public hospital's stamp</b>

**D. Information**

For the assessment of the application the following documents **need to be attached:**

- **Completed and signed medical certificate for inclusion in regular blood transfusion treatment program to the Public Hospital's Thalassemia Centre (the certificate is included in page 2 of the current application)**
- **Copy of the Birth Certificate**
- **Copy of the Identification Certificate**
- **Original verifications of the address your permanent residence (e.g. electricity/telephone/water Bill)**
- **For EU citizens, documents need to be attached that prove their permanent residence in the areas controlled by the Republic of Cyprus for 12 consecutive months**
- **For individuals with recognized refugee status or subsidiary protection status, the relevant certification from the Asylum Service or the Civil Registry and Migration Department mentioning the residence status and its duration should be submitted together with the application.**

Applicants may be called for a disability assessment and certification, at the Disability Assessment Center of the Department and in this case, they should submit any supplementary documents which may be needed for their assessment.

**Complete applications, accompanied by all other documentation can:**

<p><b>Be delivered in person at:</b></p>	<p><b>Department for Social Inclusion of Persons with Disabilities, 67, Archbishop Makarios III Avenue, 2220 Latsia, Nicosia</b></p> <p><b>Or</b></p> <p><b>Disability Assessment Center in Limassol 11 Apostolou Andrea, Hyper Tower, Store 1, 4007 Mesa Geitonia</b></p> <p><b>Or</b></p> <p><b>Disability Assessment Center in Larnaca 25 Acropoleos and Chanion, 7000 Meneou, Larnaca</b></p>
<p><b>Be sent by post at:</b></p>	<p><b>Department for Social Inclusion of Persons with Disabilities,1430 Nicosia Or P.O. Box 12833, P.C. 2253 Latsia</b></p> <p><b>Or</b></p> <p><b>Disability Assessment Center in Limassol P.O. Box 70801, 3803 Limassol</b></p> <p><b>Or</b></p> <p><b>Disability Assessment Center in Larnaca P.O. Box 43241, 7565 Kiti, Larnaca</b></p>