



**EMPOWERMENT SCHEME  
PROFESSIONAL REPORT**

Date of report: \_\_\_\_\_

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID card number: \_\_\_\_\_

EU Disability Card number: \_\_\_\_\_

Do you have a pink card (Social Security)?      Yes            No     

Type of impairment (*Tick (X) where applicable*):

- Physical
- Intellectual
- Psychological
- Impaired Vision
- Impaired Hearing

Specify the impairment affecting the applicant:

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*Fill in the appropriate section*

**SECTION A – ASSISTIVE EQUIPMENT**

1. Type of assistive equipment being requested:

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2. Where is the applicant living? Please provide the current residential address.

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3. Who lives with the applicant? Specify the level of assistance the applicant requires.

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4. Has the same adaptive equipment been bought in the past two years? If yes, please specify why it is being reconsidered.

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5. Which professional assessments have been conducted? (Tick (X) where applicable):

- |   |                          |                                 |
|---|--------------------------|---------------------------------|
| a. Social Assessment                        | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| b. Seating Assessment                       | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| c. Wheelchair Assessment                    | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| d. Speech language Assessment               | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| e. Audiology Assessment                     | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| f. Home Visit Assessment                    | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| g. Adaptive equipment/ assistive technology | <input type="checkbox"/> | Date of assessment: ___/___/___ |

Please specify others: \_\_\_\_\_

*(Please provide any assessment or literature to support the equipment requested which would help the board in its decision)*

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6. Please indicate the outcome of the above assessments.

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7. In your professional opinion, clearly indicate why the applicant would benefit from the adaptive equipment.

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8. What other therapeutic equipment is being used at present?

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9. Kindly list down the schemes/services offered by the government/agency, which the applicant is benefitting from.

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*Please confirm which of the quotations attached is the most adequate for the applicant by indicating and signing on the quote itself.*

**SECTION B – TRANSPORT SUBSIDY**

1. Is the applicant able to use Public Transport? If not, why?

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2. In your professional opinion, clearly indicate why the applicant would benefit from the transport service.

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3. Does the applicant benefit from one of the Vehicle Exemption Schemes? If yes, explain why this service is still being requested.

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4. Transport scheme (*including number of trips per week, days and times of the trips*).

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**Details of the professional/s filling out the report:**

Name & surname: \_\_\_\_\_ Tel: \_\_\_\_\_

Profession: \_\_\_\_\_ Email: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Name & surname: \_\_\_\_\_ Tel: \_\_\_\_\_

Profession: \_\_\_\_\_ Email: \_\_\_\_\_

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

Signature: \_\_\_\_\_

***This application form is also available in Maltese. For information, please contact Aġenzija Sapport on the number 2256 8000. For more information, an email can also be sent on [schemes.sapport@gov.mt](mailto:schemes.sapport@gov.mt).***