



Guyana Council of Organisations for Persons with Disabilities
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Email: gcopd2017@gmail.com | Tel#: 592 231 7976

APPLICATION FORM

Instructions

- Please complete the form in block letters.
- Please send the completed application form to training.gcopd@gmail.com

BIOGRAPHIC DATA

Full Name _____

Date of Birth (dd:mm:yr) _____

Mailing Address _____

Administrative Region of Residence _____

Telephone Home: _____ Mobile: _____

Email _____

Type of Disability

Physical Disability

Blind or Visually Impaired

Learning Disability

Intellectual Disability

Deaf

Other (please specify)

