



Because of partners contracts (VMST, Rvk borg og TR), we are obliged to provide information regarding user participation.

# Registration form

With your signature you give Hlutverkasetur authorization to exchange information.

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

<b>Full name</b>		<b>ID number</b>
Address		Postal Code
		Place
Telephone number	Mobile	Email Address
Situation: <input type="checkbox"/> Jobseeker <input type="checkbox"/> Rehabilitation pension <input type="checkbox"/> Disability pension <input type="checkbox"/> Student: _____		
<input type="checkbox"/> Other: _____		
Closest relative		
Telephone number	Mobile	Work number
<b>Referrer (Who told you about Hlutverkasetur)</b>		Telephone number
<b>Profession</b>		<b>Work place</b>
Psychological difficulties:		
<input type="checkbox"/> No <input type="checkbox"/> If yes. which: _____		
Education background:		
Learning disabilities : <input type="checkbox"/> None <input type="checkbox"/> Yes, which?: _____		
Job Experience: <input type="checkbox"/> No <input type="checkbox"/> If yes, last job? _____ When: _____		
I want to use Hlutverkasetur to:		
<input type="checkbox"/> Participate in courses ( specific courses) _____		
<input type="checkbox"/> To settle in to a routine		
<input type="checkbox"/> Learn how to set goals and follow them through		
<input type="checkbox"/> To get. Education(which?) _____		
<input type="checkbox"/> Educational support		
<input type="checkbox"/> To get a job( what type of job?) _____		
<input type="checkbox"/> Other		
<b>Interests and strengths</b>		
<b>Other</b>		