



ORGANIZATION PROFILE INFORMATION FORM

- For ADDITION of a new organization to Directory (*You need to fill up the whole form*)
 For UPDATE (*You only need to fill up 'Name of Organization' and information that have changed.*)

1.	Name of Organization: (<i>IN CAPITAL LETTERS</i>) _____		
2.	Address: _____ _____ _____		
3.	Postal Address: (<i>if different from above</i>) _____ _____ _____		
4.	Tel. No(s): _____	5.	Fax: _____
6.	Email: _____	7.	Website: _____
8a.	Organization Type: (<i>can tick more than one box</i>)	<input type="checkbox"/> Government → go to straight to Q9 <input type="checkbox"/> National Bodies <input type="checkbox"/> Associations/Support Groups <input type="checkbox"/> Intervention/Learning/Day Training/Day Care Centres <input type="checkbox"/> Vocational/Workshop/Employment-related Services <input type="checkbox"/> Home/Residential <input type="checkbox"/> Resource Centers/Libraries <input type="checkbox"/> Professionals/Therapists, please specify: _____ <input type="checkbox"/> Social Clubs for People with Special Needs <input type="checkbox"/> Home Schools <input type="checkbox"/> Rehabilitation Centres <input type="checkbox"/> Equipment Suppliers <input type="checkbox"/> Others, please specify: _____	

8b.	Organization Type: <input type="checkbox"/> Profit/business (Registration Number: _____) <input type="checkbox"/> Non-Profit (Registration Number: _____) <p style="text-align: center;">Compulsory to fill up THIS SECTION as completion of submission</p>
9.	Year Founded: _____
10.	Contact Person & Designation: _____
11.	Organization's Background / Details: <i>(maximum 50 words)</i> _____ _____ _____ _____
12.	Organization's Objectives: <i>(maximum 50 words)</i> _____ _____ _____ _____
13.	Services / Activities / Programmes: <i>(maximum 50 words)</i> _____ _____ _____ _____
14.	Eligibility Criteria for Admission: <i>(maximum 50 words)</i> _____ _____ _____
15.	Geographical Area Served: _____

16.	Age Group Served: _____
17.	Types of Disability Served: <i>(You may select more than one)</i> <ul style="list-style-type: none"> <input type="checkbox"/> All Disabilities <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Attention Deficit Disorder (ADD) / Attention Deficit Hyperactive Disorder (ADHD) <input type="checkbox"/> Dyslexia <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Mental Health <input type="checkbox"/> Other Learning Difficulties, please specify: _____ <input type="checkbox"/> Others, please specify: _____
18.	Operating Hours (days & time): _____
19.	Any other information you may wish to add: <i>(maximum 50 words)</i> _____ _____ _____

Form completed by:

Full Name: _____ Designation: _____

Email: _____ Date: _____

You are welcome to attach your service brochure and business card for our reference.

Disclaimer:

The editor reserves the right to edit any details/information in the directory for accuracy and brevity as well as to include or exclude any organization according to purpose of the directory.



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