



SCHEDULE 2

FORMS

THE ACCESS TO INFORMATION ACT, 2005

THE ACCESS TO INFORMATION REGULATIONS, 2011

REQUEST FORM

(Please use a separate request form for each document requested)

1. Name of public body

(Please state the title of the institution from which you are requesting access to a record)

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
ATTN: THE PERMANENT SECRETARY

2. Name of requester

EDWARD RONALD SEKYEWA
Hub for Investigative Media

3. Particulars of requester

(Please indicate the address to which correspondence related to your request should be sent)

Postal Address: P. O Box 29285 KOMPALA

Physical address: Bombo Road, KAMPALA

Plot No.: 28/30

Street: Bombo Road

Town/City: KAMPALA

Telephone No: 0775- 18 55 98

Fax No:

Email address: edwardronalds16@gmail.com

Other:

4. Description of record

(Please state all the information available to you which will assist in processing your request)

Name/Type of document

(If known)

IMPLEMENTATION OF THE DISABILITY GRANT SCHEME

Reference/File No.

(If known)

5. Contents of document

(Give brief description)

Document should indicate whether the implementation of the disability grant scheme as indicated in the NRM 2011 manifesto has begun. If so, the document should indicate a list of beneficiaries, their districts and how much they received.

6. Other

(Please state any other details that may be relevant to the processing of the request)

7. I would like to:
(Please check the relevant options)

- (a) Inspect the record
- (b) Listen to the record
- (c) View the record
- (d) Have copies made available to me in the following format:-
 - i. Photocopy
 - ii. Compact disc
 - iii. Diskette
 - iv. USB mass drive
 - v. Transcript
 - vi. Other (please specify); and
- (e) Other (please specify)

8. Number of copies required: 1 COPY

9. Request on behalf of another person
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.....

Signature of requester: 

Date: 30th - JUNE - 2013.