

## APPENDIX OF APPLICATION FORM

for

### **Non-handicapping Environment Workshop for National Trainers and Policy Makers**

**Please submit all pertinent documents and your answers to this  
questionnaire  
in typewritten form together with your “Fellowship Application Form”.  
*\*\*This appendix is available at <http://www.apcdproject.org>***

TITLE Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	NAME (capital letters)      FAMIY NAME GIVEN NAME MIDDLE NAME
HOME ADDRESS:         TELEPHONE NUMBER (Country Code/Area Code/Number): FAX NUMBER (Country Code/Area Code/Number):   E-MAIL ADDRESS:	
NAME OF THE ORGANIZATION:      ADDRESS:      TELEPHONE NUMBER (Country Code/Area Code/Number): FAX NUMBER (Country Code/Area Code/Number):   E-MAIL ADDRESS:	

<p>DISABILITIES (IF ANY)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Hearing</p> <p>TYPE OF DISABILITIES: <input type="checkbox"/> Visual</p> <p><input type="checkbox"/> Intellectual</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Other ( )</p>
	<p>USAGE OF ASSISTIVE DEVICES : <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DETAILS OF YOUR ASSISTIVE DEVICES:</p> <p><input type="checkbox"/> Power/electronic wheelchair (<input type="checkbox"/> Wet battery <input type="checkbox"/> Dry battery)</p> <p><input type="checkbox"/> Wheelchair</p> <p><input type="checkbox"/> Crutch (es)</p> <p><input type="checkbox"/> White cane</p> <p><input type="checkbox"/> Other ( )</p> <p>NECESSITY OF A PERSONAL ASSISTANT FOR THE TRAINING</p> <p><input type="checkbox"/> YES =&gt; (Details )</p> <p><input type="checkbox"/> NO</p> <p>USAGE OF SIGN LANGUAGE (SL) :</p> <p><input type="checkbox"/> English SL <input type="checkbox"/> Other SLs ( )</p> <p>NECESSITY OF A SIGN LANGUAGE INTERPRETER FOR THE TRAINING</p> <p><input type="checkbox"/> YES =&gt; (Details )</p> <p><input type="checkbox"/> NO</p>

DIETARY REQUIREMENTS (IF ANY)

I hereby certify that all the provided information is correct, accurate and complete to the best of my knowledge.

In the event that I suffer injury, illness or death during the course of my participation in the program/course, I shall hold the Royal Thai Government, the Government of Japan, Japan International Cooperation Agency (JICA) and/or the Asia-Pacific Development Center on Disability (APCD) harmless and without any liability whatsoever for compensation towards myself, my legal representatives and/or my heirs. Should I cause any person loss of property, injury, illness or death during the course of my participation in the program/course, I shall be fully responsible and liable for the said person without reference whatsoever to the Royal Thai Government, the Government of Japan, JICA and/or APCD.

SIGNATURE OF NOMINEE.....

PRINTED NAME OF NOMINEE ( )

DATE:

**APPLICATION TASK  
FOR  
FORMER TRAINING PARTICIPANTS**

**\*Please prepare the following as a part of your application document.**

**1. REPORT TOPICS**

Please prepare your report on the following topics:

- 1) Your relevant **ACHIEVEMENTS** after participating in a *Regional Training Course for Trainers on the Promotion of a Non-handicapping Environment for Persons with Disabilities*
- 2) Your relevant **LESSONS LEARNED** after participating in a *Regional Training Course for Trainers on the Promotion of a Non-handicapping Environment for Persons with Disabilities*
- 3) Any **ISSUES** you are facing now concerning non-handicapping environment.
- 4) Possible **KNOWLEDGE/SKILLS** which may help solve the above issues and you would really like to learn/equip.

**2. REPORT FORMATS**

Please flexibly combine the following for you to present your report effectively.

- **Document Report:** An executive summary should be attached in one (1) page of A4 paper, if your report is more than five (5) pages of A4 paper.
- **Audio-Visual Report:** Photos, Picture, VTR etc.

The choice of the above formats is up to you, each applicant. It is not necessary for you to use all the above formats.

**3. REPORT SUBMISSION**

Please submit your report to APCD **by December 26, 2003** by e-mail, fax, or/and post at the following address. It would be most appreciated if your report could be sent **as an attached file of the email.**

**Human Resource Development (HRD) Chief  
Asia- Pacific Development Center on Disability  
60<sup>th</sup> Anniversary Building, 255 Rajvithi Road, Rajthevi,  
Bangkok 10400, THAILAND  
Tel (662) 247 2619 Fax (662) 247 2375  
E-mail: [training@apcdproject.org](mailto:training@apcdproject.org)**

**Each applicant's report will be fully considered in the Workshop participant**

**QUESTIONNAIRE  
FOR  
POLICY MAKER APPLICANTS**

**\*Please submit your answers to the following questions as a part of the “Appendix of Application Form”.**

Q1. Please provide some examples of the national policy/programmes concerning non-handicapping environment in your country.

Q2. Please share your recent work concerning the promotion of non-handicapping environment in your country.