

## APPENDIX OF APPLICATION FORM

for

### Training of Initiators for Self-help Groups of Persons with Disabilities towards Rights-based and Sustainable Community Development

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/trainings/shg04/index.html>**

<p>TITLE Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/></p> <p>GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p>	<p>NAME (capital letters)</p> <p>FAMILY NAME GIVEN NAME MIDDLE NAME</p>
<p>BIRTH DAY (Day/Month/Year):</p>	
<p>PASSPORT NUMBER: PASSPORT EXPIRY DATE (Day/Month/Year):</p>	
<p>HOME ADDRESS:</p> <p>TELEPHONE NUMBER (Country Code/Area Code/Number): FAX NUMBER (Country Code/Area Code/Number): E-MAIL ADDRESS:</p>	
<p>NAME OF THE ORGANIZATION:</p> <p>ADDRESS:</p> <p>TELEPHONE NUMBER (Country Code/Area Code/Number): FAX NUMBER (Country Code/Area Code/Number): E-MAIL ADDRESS:</p>	

<p>DISABILITIES ( IF ANY)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Physical <input type="checkbox"/>sability Hearing <input type="checkbox"/>sability TYPE OF DISABILITIES: <input type="checkbox"/> Visual Disability Intellectual <input type="checkbox"/> Disability Mental D<input type="checkbox"/>ability Other <input type="checkbox"/></p> <hr/> <p>USAGE OF ASSISTIVE DEVICES : <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS OF YOUR ASSISTIVE DEVICES: Pow<input type="checkbox"/>r/electronic wheelchair (<input type="checkbox"/> Wet battery <input type="checkbox"/> Dry battery) Wh<input type="checkbox"/>lchair <input type="checkbox"/>utch Wh<input type="checkbox"/> cane Oth<input type="checkbox"/> ( )</p> <p>NECESSITY OF A PERSONAL ASSISTANT FOR THE TRAINING: <input type="checkbox"/> YES =&gt; (Details ) <input type="checkbox"/> NO</p> <p>USAGE OF SIGN LANGUAGE (SL): <input type="checkbox"/> English SL <input type="checkbox"/> Other SL ( )</p> <p>NECESSITY OF A SIGN LANGUAGE INTERPRETER FOR THE TRAINING: <input type="checkbox"/> YES =&gt; (Details ) <input type="checkbox"/> NO</p>
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DIETARY REQUIREMENT (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:

## QUESTIONNAIRE

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

Q.1 Concerning **self-help groups (SHG) of persons with disabilities (PWD)** which you know or/and are involved in, please explain their strength and weakness.

Q.2 According to your own experiences and your point of view, what are the criteria of “EFFECTIVE” SHG of PWD? *(Please raise 2-5 points to be an “EFFECTIVE” self-help group and briefly explain why).*

Q.3 What skills do you think necessary to initiate/strengthen SHG of PWD? (*Please state 2-3 most necessary skills and briefly explain why*).

Q.4 Does your organization have a plan to help initiate/strengthen SHG of PWD at the grass-root level? If so, please share the plan with regards to 1) *objectives*, 2) *brief process*, 3) *necessary resources*, and 4) *expected outcomes*.