

APPENDIX OF APPLICATION FORM

for

Training to Strengthen Community-based Rehabilitation (CBR) through a Participatory Comprehensive Approach

**Please submit all pertinent documents and your answers to this questionnaire
in typewritten form**

**This appendix is available at <http://www.apcdproject.org>*

<p>TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.</p> <p>GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></p>	<p>NAME (capital letters and as in passport)</p> <p>FAMILY NAME GIVEN NAME MIDDLE NAME</p>
DATE OF BIRTH: (Day/Month/Year):	
PASSPORT NUMBER: PASSPORT EXPIRY DATE (Day/Month/Year):	
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>DISABILITY (IF ANY)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>TYPE OF DISABILITY :</p> <p><input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Other ()</p> <hr/> <p>USAGE OF ASSISTIVE DEVICES : <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS OF YOUR ASSISTIVE DEVICES:</p> <p><input type="checkbox"/> Power/electronic wheelchair (<input type="checkbox"/> Wet battery <input type="checkbox"/> Dry battery) <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutch(es) <input type="checkbox"/> White cane <input type="checkbox"/> Other ()</p> <p>NECESSITY OF A PERSONAL ASSISTANT FOR THE TRAINING:</p> <p><input type="checkbox"/> YES => (Details) <input type="checkbox"/> NO</p> <p>USAGE OF SIGN LANGUAGE (SL):</p> <p><input type="checkbox"/> English SL <input type="checkbox"/> Other SL ()</p> <p>NECESSITY OF A SIGN LANGUAGE INTERPRETER FOR THE TRAINING:</p> <p><input type="checkbox"/> YES => (Details) <input type="checkbox"/> NO</p>
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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:

QUESTIONNAIRE

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

Name
Position
Organization
Your roles in CBR project
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.....
.....

Q.1 What does “CBR” mean to you?

Q.2 Please give an overview of the CBR program which you are responsible for and/or involved in. (e.g., Activities, Problems, Outcomes, Networks, Human Resource Development)

Q.3 What do you think about your CBR program? (Briefly explain its strengths and weaknesses.) What do you plan to do to improve the situation of your CBR program?

Q.4 What factors do you think contribute to the success of CBR?

Q.5 What do you expect to learn from APCD's CBR Training Course ?