

APPENDIX OF APPLICATION FORM

FOR

Training of Information and Communication Technology for Visually Impaired Persons

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/vip04>:***

TITLE Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/>	NAME (capital letter)
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FAMILY NAME GIVEN NAME MIDDLE NAME
BIRTH DATE (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:	

QUESTIONNAIRE

What kind of software or ICT equipment/tools does your organization use to support computer training courses?

In your opinion and experiences in the field, what are the priority needs of ICT for visually impaired persons in your country?

What skills do you think are necessary to organize/implement ICT training for visually impaired persons?