

APPENDIX OF APPLICATION FORM

for

Seminar for South-to-South Cooperation for Decades of People with Disabilities

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"/>	NAME (capital letters)
GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	FAMILY NAME GIVEN NAME MIDDLE NAME
BIRTH DAY(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>DISABILITIES (IF ANY)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental <input type="checkbox"/> Other ()</p> <p>TYPE OF DISABILITIES:</p> <hr/> <p>USAGE OF ASSISTIVE DEVICES : <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS OF YOUR ASSISTIVE DEVICES: <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 <input type="checkbox"/> YES => (Details) <input type="checkbox"/> NO</p> <p>USAGE OF SIGN LANGUAGE (SL) : <input type="checkbox"/> English SL <input type="checkbox"/> Other SLs ()</p> <p>NECESSITY OF A SIGN LANGUAGE INTERPRETER FOR THE TRAINING <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: