

NOT FOR SALE

Please carefully read the Application Guidance before completing this form.
Type or handwrite clearly, and do not exceed the space provided for each section.

**Deadline is
August 8, 2016 !!**

Note: Please type or handwrite clearly and tick appropriate boxes that should appear as ☒.

(FOR OFFICE USE ONLY: Registration Number)

The 19th Duskin Leadership Training in Japan A Program for Persons with Disabilities in Asia and the Pacific (2017)

1. Name	
<i>First (given) name(s)</i> _____ <i>Second (family) name</i> _____	
In your native language: _____ / _____	
In English alphabet: _____ / _____	
2. Sex	3. Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	Year _____ Month _____ Day _____ 19____ / ____ / ____ Age: _____ (as of August 8, 2016)
4. Contact details	
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other (please specify: _____)	
Postal address : _____	
_____ Country: _____	
Telephone : _____ Fax : _____	
Mobile phone: _____ Email: _____	
5. Type of disability	
<input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental <input type="checkbox"/> Other (please specify _____)	
6. Nationality	<u>Attach your photo here</u> A photo must show your face and entire body. It must have been taken in the past 3 months. If you are applying by post, please write your full name on the back of the photo. If you are applying by email, please send your photo as a separate attachment.
7. Native language (mother tongue)	
8. Religion	
9. Marital status	
<input type="checkbox"/> Single <input type="checkbox"/> Married	

10. What do you do?

☐ I am a student ☐ I work ☐ Other (please specify: _____)

If you are a student, please provide details of your institution:

Name of your School/College/Institution : _____

Address : _____

Telephone : _____ Email : _____

Your school Year/Grade : _____ Your major : _____

Your supervisor's name: _____

His/her contact details: _____

When do you expect to graduate? _____

If you have employment or any other kinds of work, please provide details below.

1. Your organization type

☐ NGO ☐ Public administration/government ☐ Private firm/institution ☐ Other type of institution
☐ Self-employed ☐ Family-run business ☐ Freelance ☐ Other (details: _____)

2. Your status

☐ Paid staff ☐ Unpaid staff/Volunteer ☐ Intern/Trainee ☐ Other (details: _____)

Name of Your Employer (Organization/Company) : _____

Address : _____

Telephone : _____ Fax : _____

Website: _____ Email: _____

Year Founded : _____ Number of Paid Staff : _____

Describe specialty of your organization and its main business:

Describe your job details including your present title:

11. Do you belong to any organization of/for persons with disabilities?

- ☐ No, I don't belong to any organization.
☐ Yes, I belong to the following organization.

Name of the organization : _____

Address : _____

Telephone : _____ Fax : _____

Website : _____ Email : _____

Its purpose and activities : _____

How are you affiliated with this organization? (e.g., Service user, Staff member, Volunteer etc.)

- ☐ Staff ☐ Member ☐ Volunteer ☐ Service user ☐ Other (tick an appropriate box)

Describe your involvement: _____

12. Education Background – Give the name of the institution from which you last graduated, your degree/major and completion date. Please exclude information you have already mentioned. Also, list all training courses and seminars etc. that you have attended and qualifications that you hold.

Attend from/ To		Name, Place and Country
Month/Year	Month/Year	

13. Work Experience – Give a list of organization(s) that you have worked for, including the length of each employment and any titles you have held. Also, briefly describe each organization.

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14. Reason for applying: Why do you want to participate in this training program?

15. Your training plan: What do you want to learn in Japan?

16. Your future plan: What will you do after training?

17. Your disability

What is the name of your disability? _____

Please provide details about your disability including medical records.

Do you require any assistance in your daily life? ☐ YES ☐ NO

If YES, please tick all appropriate boxes below:

- Aids : ☐ Electric Wheelchair ☐ Manual Wheelchair ☐ Crutches ☐ Guide dog
☐ White cane ☐ Other (please specify: _____)

- Personal Assistant : ☐ Full-time ☐ Part-time

→ ☐ Traveling ☐ Eating ☐ Cooking ☐ Cleaning ☐ Clothing ☐ Toileting ☐ Bathing
☐ Other (please specify: _____)

Give any additional information which would help us to understand your disability and condition:

18. Do you have a dietary, medical or any other restriction in your daily life due to your religion or health condition?

19. Describe your personal history.

20. What are your hobbies and interests?

21. Have you traveled abroad before? Give details of any travel experience abroad (e.g., study, training and holidays), including its destination, duration and purpose.

22. How did you learn about this program and where did you get this application form?

23. Your language skills – Circle a number that indicates your level on each scale bar.

ENGLISH

Speaking: None Basic communication Everyday conversation Business level Native level
 1 2 3 4 5

Listening: None Basic communication Everyday conversation Business level Native level
 1 2 3 4 5

Reading: None Some words Simple sentences Short stories Newspapers
 1 2 3 4 5

Writing: None Some words Simple sentences Short essays Business reports
 1 2 3 4 5

JAPANESE

Speaking: None Greetings Basic communication Everyday conversation Business level
 1 2 3 4 5

Listening: None Greetings Basic communication Everyday conversation Business level
 1 2 3 4 5

Reading: None Some letters Simple sentences Short stories Newspapers
 1 2 3 4 5

Writing: None Some letters Simple sentences Short essays Business reports
 1 2 3 4 5

Do you use or understand any of the followings? Please tick all appropriate boxes below.

Braille : ☐ Native language () ☐ English (Grade) ☐ Japanese
☐ Other (please specify:)

Sign language : ☐ Native language () ☐ ASL ☐ International
☐ Japanese ☐ Other (please specify:)

Lip-reading : ☐ Native language () ☐ English ☐ Japanese
☐ Other (please specify:)

If you have any other communication skills, please describe below:

24. Referee information – Give the name and contact details of your referee.

Name: _____ Relationship to you: _____

Address: _____

Occupation: _____ Email: _____

Telephone: _____ Mobile phone: _____

25. Surety information – Give the name and contact details of your surety.

Name: _____ Relationship to you: _____

Address: _____

Occupation: _____ Email: _____

Telephone: _____ Mobile phone: _____

26. Who completed this application form?

- ☐ I completed this form by myself.
☐ I got help – please give details on the person who completed this form on behalf of you.

Name : _____ Relationship to you: _____

Reason for assistance: _____

27. Have you applied for this program before?

- ☐ Yes, I applied in 20 _____
☐ No, this is my first time applying.

28. Declaration statement by the applicant

"I hereby certify that all the information stated above is true, correct and complete."

Your signature (or type your name) : _____ Date: _____