

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	
First (given) name(s) _____ Second (family) name _____	
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	

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

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:

