



## APPLICATION FORM Disability Inclusion Academy, 17 - 24th of April 2020, Mbale

not for sale

The Disability Inclusion Academy aims at strengthening the capacity of persons with different impairments to constitute a pool of Disability Inclusion Facilitators (DIFs) for Eastern and Western Uganda.

Please fill in the application form below. For any support or inquiry contact us at: Tel: +256(0) 782620947 (only during office hours) | Email: l.abenaitwe@light-for-the-world.org Or check the website: www.wecanwork.ug

First Name (plus middle name):		Last Name:			
Age:		Type of impairment:			
Contact details:	Latin data af manishanana				
Physical Address and	district of residence:	Telephone	no:		
		Telephone	110.		
		Email addr	ess:		
In case of emergence					
First Name Last name		Telephone number			
		l 🗀			
Physical address		What is the relationship with the applicant?			
Your educational ba	ckground				
□ Primary school	☐ High school (O level)	☐ High school (A level) ☐ University			
□ Other	If other, specify				
Are you still in schoo	ıl?	□ Yes	□ No		
Employment status					
Are you currently employed?		□ Yes	□ No		
If yes, where are you employed?					
Are you a business owner?		□ Yes	□ No		
If yes, what kind of business?					
Are you a member o	f any Disabled Person's Or	rganization?	□ Yes	□ No	
If ves. which Disable	ed Person's Organization?				

Reasons to apply					
How you expect to benefit from the Disability Inclusion Academy?					
What is your basic understanding of disability inclusion?					
What do you consider to be your main strengths and weaknesses?					
Why do you think you can be a good Disability Inclusion Facilitator?					
You can submit this form at the following District Unions: Jinja, Iganga, Mbale and Sironko or Light for the World office (Kironde road, plot 1608, Kampala)					
MAKE					
Or send by email to I.abenaitwe@light-for-the-world.org  NOT LATER THAN 30TH OF MARCH 2020  LIGHT FOR THE WORLD					