

APPLICATION FORM

The Disability Inclusion Academy aims at strengthening the capacity of persons with different impairments to constitute a pool of Disability Inclusion Facilitators (DIFs) in Nwoya, Omoro, Yumbe and Arua that will support the We Are Able Programme.

Please fill in the application form below. For any support or inquiry contact us at 0782620947 or Light for the World |Tel: +256(0) 782620947 | Email: l.abenaitwe@light-for-the-world.org | Or check our website: www.wecanwork.ug

First Name:	Middle Name:	Last Name	: Age:	Type of Disability:	
] [
Contact details:					
Physical Address:		Telephone	number:	Email address:	
		J			
In case of emergence	cy:				
First Name	Last name	Telephone	number		
		<u> </u>			
Physical address		What is yo	ur relationship w	vith this person?	
		J			
Your educational ba	ackground				
□ Primary school	☐ High school (O level)	☐ High sch	ool (A level)	□ University	
□ Other	If other, specify				
Are you still in school?		□ Yes	□ No		
Employment status					
Are you currently employed?		□ Yes	□ No		
If yes, where are yo	• •				
Are you a business owner?		□ Yes	□ No		
If yes, what kind of	business?				
Ana valla maamak	of any Disabled Descripts O	unn ninntinu 2	□ Voc	□ No	
Are you a member of	of any Disabled People's O	rganization?	□ Yes	□ No	

If yes, which Disabled People's Organization?

Reasons to apply
How you expect to benefit from the Disability Inclusion Academy?
What is your basic understanding of disability inclusion?
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 District Union office of Nwoya, Omoro, Yumbe or Arua. Or send by email to l.abenaitwe@light-for-the-world.org

NOT LATER THAN 30TH OF APRIL 2021

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