



# 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 Kikuube District.

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Contact details:

Physical Address:	Telephone number:	Email address:
<input type="text"/>	<input type="text"/>	<input type="text"/>

### In case of emergency:

First Name	Last name	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical address	What is your relationship with this person?	
<input type="text"/>	<input type="text"/>	

### Your educational background

Primary school     High school (O level)     High school (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 you employed?

Are you a business owner?     Yes     No

If yes, what kind of business?

Are you a member of any Disabled People's Organization?     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 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 at Kikuube District Headquarters.**

**Or send by email to [l.abenaitwe@light-for-the-world.org](mailto:l.abenaitwe@light-for-the-world.org)**

**NOT LATER THAN 14th of February 2022**