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|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>3</b> | <b>INVOLVEMENT IN THE DISABILITY FIELD</b>                                                                                                                                                                                                                                                                                                    |            |    |
| 3.1      | Have you attended any previous workshops and/or training regarding disability?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                 |            |    |
| 3.2      | If "yes", give more information:                                                                                                                                                                                                                                                                                                              |            |    |
| 3.3      | Do you personally have any contact with persons with disability?                                                                                                                                                                                                                                                                              | Yes        | No |
| 3.4      | What is the current involvement <b>of your local congregation</b> regarding inclusion of persons with disabilities? What is <b>your</b> involvement in this programme?                                                                                                                                                                        |            |    |
| <b>4</b> | <b>Experience in training or facilitation</b>                                                                                                                                                                                                                                                                                                 |            |    |
| 4.1      | Do you have any experience in running training sessions, information sessions?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                 |            |    |
| 4.2      | If "Yes", give more detail:                                                                                                                                                                                                                                                                                                                   |            |    |
| 5        | Why would you like to attend this training for Disability Inclusion Facilitators?                                                                                                                                                                                                                                                             |            |    |
| 6        | How do you intend to use the skills and knowledge obtained in this training?                                                                                                                                                                                                                                                                  |            |    |
| 7        | RampUp expects trained facilitators to keep us informed of their involvement and contribution for a minimum of five years after the initial training. This feedback is given by completing a feedback form once a year.<br>Would you be willing to complete such a feedback form?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |            |    |
| 8        | Give contact details of two people who know you well, particularly considering your interest and involvement in Disability Inclusion. (Give Name and contact telephone numbers)                                                                                                                                                               |            |    |
|          | Name:                                                                                                                                                                                                                                                                                                                                         | Telephone: |    |
|          | Name:                                                                                                                                                                                                                                                                                                                                         | Telephone: |    |

Return the completed application form to Erna Möller at [erna@tlm.co.za](mailto:erna@tlm.co.za) no later than 21 June 2019