

20th ICC'2014

**Strazdumuiza Residential School and Training Centre
for Blind and Visually Impaired Children**

Juglas iela 14a

Riga, LV-1024

Latvia

<http://strazduskola.lv/our-school.html>



Riga, 3rd – 12th August 2014

A P P L I C A T I O N F O R M

P E R S O N A L D A T A – A P P L I C A N T

Please complete the form as thoroughly as possible to enable us to accommodate your (son's / daughter's) needs.

The safety and enjoyment of the group is our main concern.

Please do not withhold any information.

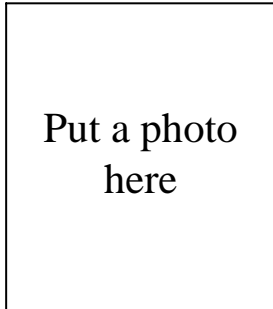
The questions marked with a * must be completed.

First name*: _____

Last ("family") name*: _____

Gender*: male female

Date of birth*: (day, month, year) _____



Address*: _____

Main telephone number applicant*: _____

Mobile phone applicant: _____

eMail applicant*: _____

Emergency contact details*:

Name*: _____

Relationship to applicant*: _____

Telephone number(s)*: _____

eMail address*: _____

The applicant is...*

- ...at school**

Type of school(s): _____

Year of school: _____

- ...at university**

Study course: _____

Year of study: _____

- working / currently seeking employment**

Which upcoming transition will the applicant be undertaking?*

- Transition from school to college / university
- Transition from school to employment
- Transition from college / university to employment
- No transition within the next year

The applicant's motivation for participation in ICC*

(to be completed by the applicant in his / her own words):

Is this the first ICC?*

- Yes
- No, attendance in _____ (year)

A D D I T I O N A L D E T A I L S

Vision

Which description fits the applicant best?*

- I am partially sighted
- I am blind

Name of visual impairment*: _____

How well does the applicant use any vision he/she might have:

Additional disabilities and difficulties*

Are there any additional disabilities? (please tick all applying)*:

- none
- hearing learning physical speech
- other

Please give details of the indicated additional disabilities:

Does the applicant have any other difficulties?* yes no

If yes, please give details:

Mobility*

What description fits the applicant's mobility status best?*

- No help needed
- Sometimes help needed, with: _____
- Help needed

Medical Information*

Contact details family doctor*

Name*: _____

Tel*: _____ **Fax:** _____

If any medication is taken, please indicate as clear as possible*:

Name	Reason	Method	Dose / times	Administration
Name of product	e.g. epilepsy	e.g. tablets, drops, injection	e.g. 1 tablet morning and evening	e.g. Participant with supervision

Please state any allergies including symptoms and treatment*:

Are there activities the participant should avoid for medical reasons?*

Dietary Requirements

Are there dietary requirements?*

(e.g. vegetarian, vegan, kosher,...)

Walking skills (in case of a hiking trip):*

- None
- 1 hour
- 2 hours
- more

A T & C O M P U T E R U S E & K N O W L E D G E

At ICC you will be provided with Computers and the necessary Assistive Technology (AT). Therefore we need to know what setting / framework you prefer using the computer.

o I have no experience in using computers.

**o Using the computer, I prefer the following framework:
(Please tick all appropriate)**

- without any Assistive Technology
- using Braille-display (add.: JAWS, e.g. JAWS 10)
- using speech output (add.: headphones)
- using screen magnifier (add.: Zoomtext and Supernova)
- with another setting (please specify):

Have your access requirements recently changed due to a change in vision?

Other access requirements: (e.g.: sticky keys, high contrast)

THE FOLLOWING SECTION MUST BE COMPLETED!

D E C L A R A T I O N & I N F O R M E D C O N S E N T

NAME OF STUDENT: _____

PARENT'S NAME: _____

- a) I agree to _____ taking part in the International Computer Camp and I confirm I have read and understood all the information sent to me.
- b) I confirm that the application form has been completed accurately and I undertake to update the National Co-Ordinator for ICC should any of the information contained in this form be changed.
- c) I agree to pay the registration fee of 400 Euro (excluding travel costs).
- d) I agree to (my son / daughter) taking part in the computer workshops, leisure time activities and other activities organised during ICC under direction / supervision of the group leaders.
- e) I acknowledge the need (for my son / daughter) to behave responsibly and I agree to collect my son / daughter from the camp if requested at my own cost should he / she fail to comply with the code of conduct.

Medical Information

- f) I have given you details of all the medical conditions (of my child) and will ensure all medication needed during the week is brought to the camp and is clearly labelled.
- g) I have notified you of all allergies and the symptoms and treatments associated with them.
- h) I will inform the National Co-Ordinator as soon as possible of any changes in the medical information or other circumstances between now and the start of the scheme.
- i) I agree to (my son / daughter) receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetics and blood transfusion, as deemed necessary by the medical authorities present.
- j) I will organise the appropriate travel and health insurance required to cover the trip.

Personal Data and Pictures

- k) I declare my informed consent that the data collected via this form are processed and used for organisational purposes and for guaranteeing my (my son's / daughter's) safety and security on site.
This data will be deleted after the camp.
- l) Furthermore I declare my informed consent that the pictures taken at the camp can be used for reporting and on ICC website.

Signature: _____

Name: _____

Relationship to applicant: _____

Date consent form signed: _____

**We can only accept applicants when this form
has been dated and signed (by the parent / legal guardian).**

THANK YOU!

Please send the form to:

Národný koordinátor ICC 2014:

Centrum podpory študentov so špecifickými potrebami
Univerzita Komenského v Bratislave
FMFI, Mlynská dolina
842 48 Bratislava

Tel.: 02/60295166, 60295515

e-mail: mendelova@fmph.uniba.sk

<http://cezap.sk/icc>