**APPLICATION FOR MEMBERSHIP**

**Throughout this Form, VI means visual impairment of any degree**

|  |  |  |
| --- | --- | --- |
| **1** | **Name of Organisation** |  |
|  | * **In your own Language:**
 |  |
|  | * **In English:**
 |  |
|  |  |  |
| **2** | **Date of Establishment:**  |  |
|  |  |  |
| **3** | **Form of Governance/Statutory Regulations:**  |  |
|  |  |  |
| **4** | **Address:**  |  |
|  |  |  |
|  | **Website Address (if applicable):**  |  |

|  |  |  |
| --- | --- | --- |
| **5** | **Contact Person** |  |
|  | * **Name:**
 |  |
|  | * **Job Title:**
 |  |
|  | * **Telephone Number (with International Code):**
 |  |
|  | * **Fax Number (with International Code):**
 |  |
|  | * **EMail Address:**
 |  |
|  | **Alternative Contact Person** |  |
|  | * **Name:**
 |  |
|  | * **Job Title:**
 |  |
|  | * **Telephone Number (with International Code):**
 |  |
|  | * **Fax Number (with International Code):**
 |  |
|  | * **Email Address:**
 |  |

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| **6** | **Information about your Organisation** |  |
|  | **Please include any brochures, pamphlets, other information about your organisation if available** |
|  | **Please select the categories that suit you best, and add notes on a separate sheet if you wish** |
|  | **Type of Establishment** | **Mainstream** | **Special vi Establishment** | **Public Authority** | **Private/ NGO** | **Non-Residential** | **Residential****Facility** |
|  | * **Nursery school**
 |  |  |  |  |  |  |
|  | * **Primary school**
 |  |  |  |  |  |  |
|  | * **Secondary school (incl. Vocational / technical)**
 |  |  |  |  |  |  |
|  | * **Higher education institution**
 |  |  |  |  |  |  |
|  | * **Adult or continuing education provider**
 |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (regional/national)**
 |  |  |  |  |  |  |
|  | * **Other Service Provider eg Care Home, Employment Service (European/International)**
 |  |  |  |  |  |  |

**6 (continued)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | * **Association**

**Please give further information** |  |  |  |  |  |  |
|  | * **Other type of organisation**

**Please give further information** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7** | **Approximate Size of your Organisation** | **Ages** |  |
| **a)** | **Number of Pupils/Students/Residents/Clients** **if applicable** | **0 – 5**  | **5 – 10**  | **11 – 16**  | **17 – 19**  | **20 – 25**  | **25 – 60**  | **60+**  |
|  | * **VI**
 |  |  |  |  |  |  |  |
|  | * **VI with additional disabilities**
 |  |  |  |  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **b)** | **Number of Staff** | **Qualified to teach vi Pupils/Students** | **Not Qualified to teach vi Pupils/Students** |
|  | * **Teachers**
 |  |  |
|  | * **Teaching Assistants or equivalent**
 |  |  |
|  | * **Mobility Trainers**
 |  |  |
|  | * **Other Trainers (please specify):**
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  | * **Residential Staff**
 |  |  |
|  | * **Administrative Staff**
 |  |  |
|  | * **Management Staff**
 |  |  |
|  | * **Other Staff (eg Catering Staff, Gardeners, Drivers):**
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8** | **Forms of Communication** |  |  |
|  | **What forms of communication are used and taught in your establishment** |
|  | * **Braille**
 |  |  |
|  | * **Other Methods (please specify):**
 |  |  |
|  |  |  |  |
| **9** | **Please add any additional information you may wish so that you can describe your organisation – its aims and purposes, its structure and organisation, its size, its methodologies, etc - to your own satisfaction:** |

**We have read and we agree with the Statutes of ENVITER.**

**We wish to apply for Membership of ENVITER in accordance with the Statutes.**

**Signed by (Name and Job Title):**

**On behalf of (Organisation):**

**Date:**

**Please return this Form, together with any other Information, to**

|  |  |
| --- | --- |
| **Agnes Somorjai****ENVITER Coordinator** | **Email** **coordinator@enviter.eu** |
|  |  |