**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** |  |  |  |  |  |  |

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| **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**](mailto:coordinator@enviter.eu) |
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