

18th ICC 2012

Liceul Pentru Deficienti de Vedere

Str. C. Dorobantilor Nr. 31

400117 Cluj-Napoca

Romania

www: <http://www.ldv.ro/en/index.php>



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

We need as much information as possible to enable us to provide a high quality service for you (your son / daughter).
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) _____

Week applying for*:

aged 15 - 17 years (July 23 – 30, 2012)

aged 17 - 20 years (August 1 – 8, 2012)

Address*: _____

Main telephone number student*: _____

Mobile phone student: _____

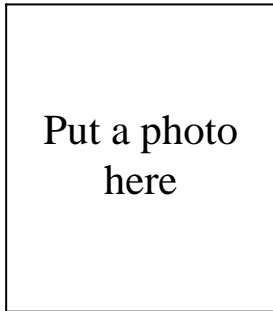
eMail student: _____

Main telephone parents / legal guardian*: _____

Mobile phone: _____

Fax: _____

eMail: _____



Emergency contact details*:

Name*: _____

Relationship to student*: _____

Telephone number(s)*: _____

Type of school(s) and year of school now:

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 to the indicated additional disabilities:

Does the student have any other difficulties?* yes no

If yes, please give details:

Mobility*

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

- I don't need help
- I sometimes need help: _____
- I need help

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 known allergies including symptoms and treatment*:

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

Dietary Requirements

Are there any special dietary requirements that need to be met?*
(e.g. vegetarian, vegan, kosher,...)

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

- None 1 hour 2 hours more

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

At ICC you will be provided with Computers and the necessary Assistive Technology.

Therefore we need to know what setting / framework you prefer using the computer.

I have no experience in using computers.

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

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

Software: I work with:

Program you use	version	Operating system	monthly	weekly	daily
<i>e.g.: Word</i>	<i>2007</i>	<i>Windows 7</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

THE FOLLOWING SECTION MUST BE COMPLETED!

I N F O R M E D C O N S E N T

NAME OF STUDENT: _____

PARENT'S NAME: _____

Chosen week: aged 15 - 17 years (July 23 - 30, 2012)
 aged 17 - 20 years (August 1 – 8, 2012)



- a) I agree to _____ taking part at the International Computer Camp and I confirm to 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.

Medical Information

- a) 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 labeled.
- b) I have notified you of all allergies and the symptoms and treatments associated with them.
- c) 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.

Declaration

I agree to (my son / daughter) receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetics or blood transfusion, as considered necessary by the medical authorities present.

I will organise the appropriate travel and health insurances required.

I declare my informed consent that the data collected in this sheet are processed and used only for organizing purposes and for guaranteeing safety/security on site and will be deleted after the camp.

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 participant: _____

Date consent form signed: _____

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

THANK YOU!

Please send the form to:

Karlsruher Institut für Technologie (KIT)
Studienzentrum für Sehgeschädigte (SZS)
Angelika Scherwitz-Gallegos
Engesserstr. 4

76131 Karlsruhe