

# ANNEX 1

## Leadership Training Program for Future Leaders in Sports for Persons with Disability (JFY 2011)

### *Inception Report*

All the applicants are required to prepare an Inception Report with the following items, and send by e-mail to the program officer ([ticthd@jica.go.jp](mailto:ticthd@jica.go.jp)) of JICA Tokyo.

The main objective of the Inception Report is to promote mutual understanding, therefore, participants are requested to make a presentation on this report at the beginning of the Program. Participants are expected to share the present situation of each participant or each country and get to familiar with the background of respective participants. Participants are also expected to clarify the issues and set up objectives of participating in the program through developing the Inception Report. It should be typewritten on A4 size paper, between 5 to 10 pages.

Name: \_\_\_\_\_

Country: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Title and Section: \_\_\_\_\_

#### **1. Basic information of your country**

1) Population of your Country

\_\_\_\_\_

2) Population of persons with a disability in your country

\_\_\_\_\_

3) Major types of disabilities in your country (ie: spinal cord injury, visual impairment, amputee, intellectual disability, cerebral palsy, etc.)

\_\_\_\_\_

\_\_\_\_\_

#### **2. Definition of “Persons with a Disability” in your country**

**Please describe briefly the definitions of the “persons with a disability” in your country.**

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**3. Situation of persons with a disability in your country (describe briefly from the points of sports, education, employment and social participation)**

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**4. Actual situation of sports for persons with a disability in your country (Please describe freely).**

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**5. Current involvement in sports for persons with a disability**

1) Name of the organization of sports for persons with a disability to which you belong.

\_\_\_\_\_

2) Position/function in the organization.

\_\_\_\_\_

\_\_\_\_\_

3) Please describe your specific work and/or activities in the organization.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Are you a paid staff in the organization? Please check one of them.

<1> I am an employee / a part time worker.

<2> I am a volunteer.

<3> Others (Please specify)

\_\_\_\_\_

5) If you chose <2> or < 3>, please specify your job for living.

\_\_\_\_\_

**6. Sports events for persons with a disabilities in your country**

1) Does your country have sports events for persons with a disability in your country?

\_\_\_\_\_ Yes \_\_\_\_\_, \_\_\_\_\_ No \_\_\_\_\_

2) If "Yes", please fill in the following blanks.

<1> Sports implemented: \_\_\_\_\_

<2> Hosted by: \_\_\_\_\_

<3> Number of participants : \_\_\_\_\_

<4> Frequency of implementation in a year: \_\_\_\_\_

<5> Number of days of the Games: \_\_\_\_\_

**7. Conference and/or meeting of sports for persons with a disability in your country**

1) Does your country have conference and/or meeting of sports for persons with a disability in your country?

\_\_\_\_\_ Yes \_\_\_\_\_, \_\_\_\_\_ No \_\_\_\_\_

2) If "Yes", please fill in the following blanks

<1> Hosted by: \_\_\_\_\_

<2> Number of participants : \_\_\_\_\_

<3> Frequency of implementation in a year: \_\_\_\_\_

<4> Number of days of the conference/meeting: \_\_\_\_\_

<5> Contents: \_\_\_\_\_

\_\_\_\_\_

**8. Sports instructors/coaches for persons with a disability in your country**

1) Are there any systematic training programs for a sports instructor/coach for persons with a disability?

\_\_\_\_\_ Yes \_\_\_\_\_, \_\_\_\_\_ No \_\_\_\_\_

2) Who plays the role of the sports instructor/coach?  
Please check all that apply.

<1> School teacher

<2> Sports instructors/coaches for the able-bodied

<3> Family members of the person with a disability

<4> Medical personnel (doctor, physiotherapist, trainer etc)

<5> Others (please specify)

\_\_\_\_\_

**9. Which sports (both for the disabled and non-disabled) are actively enjoyed in your country? Also, please explain the reason.**

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**10. Are there any organizations that support sports for persons with a disability in your country?**

     Yes      No     

If "Yes", please describe its outline.

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**11. Which subject(s) are you specially interested in to develop the "Action Plan" through this program? Please check all that apply.**

- <1> How to structure/operate organization
- <2> How to promote/develop sports for persons with a disability
- <3> How to organize/operate sports event for persons with a disability
- <4> How to train sports instructors/coaches for persons with a disability
- <5> Others (please specify)

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Please explain why you are interested in the above subject(s).

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<Note>

Those who are accepted to participate in this course will be requested to make a 30 minutes' presentation (including the time of interpretation and discussion) regarding the present situation of sports for persons with a disability in their own country during the presentation and discussion session. In order to make the presentation effective, it is advisable to collect as much information as possible on sports for persons with a disability in relative countries and bring visual aids, such as videotapes and slides explaining their organizations. Audiovisual aids such as slide, OHP, video player, MS Power Point 2002 are available at JICA Tokyo.

# ANNEX 2

## Leadership Training Program for Future Leaders in Sports for Persons with Disability (JFY 2011)

### *Questionnaire*

All applicants are required to fill in this form and submit it together with the application form (Please type or write in clear letters).

1. Name : \_\_\_\_\_ (Family) / \_\_\_\_\_ ( First ) / \_\_\_\_\_ ( Middle )

2. Nationality : \_\_\_\_\_

3. Home Address : \_\_\_\_\_

TEL: \_\_\_\_\_ FAX : \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Office Address : \_\_\_\_\_

TEL : \_\_\_\_\_ FAX : \_\_\_\_\_

E-mail : \_\_\_\_\_

(Year) (Month) (Date)

5. Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age : \_\_\_\_\_ Sex: M / F

6. Impairments:

a) Describe your impairment if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Cause of your impairment

- ( ) congenital ( ) acquired  
( ) at birth  
( ) by disease  
( ) by accident  
( )

( \_\_\_\_\_ )

) other

7. Mark with (○) the corresponding self-help device/support which you use in your country.

a) Visual impairment

- ( ) White cane
- ( ) Assistant dog
- ( ) Enlarged print ---- Font ( ) Size ( point)
- ( ) English Braille transcription contract (Grade two)
- ( ) English Braille transcription uncontract (Grade one)
- ( ) Electric Data
- ( ) Tape record
- ( ) Others(\_\_\_\_\_)

b) Physical impairment

- ( ) Electric wheelchair  
Weight (\_\_\_kg) Length (\_\_\_cm) Height (\_\_\_cm)
- ( ) Manual wheelchair  
Weight (\_\_\_kg) Length (\_\_\_cm) Height (\_\_\_cm)
- ( ) Crutches
- ( ) Others (\_\_\_\_\_)

\*( ) I will bring my own wheelchair to Japan.

- ( ) Manual
- ( ) Electric: ( ) Dry type / ( ) Wet type

c) Hearing impairment

- ( ) Hearing aid
- ( ) American Sign Language (ASL)
- ( ) Others (\_\_\_\_\_)

8. Please specify necessary arrangements in the airport/aircraft during the trip to and from Japan, if any. (examples: personal assistance in the airport/ in embarkation/disembarkation, isle chair, wheelchair and others)

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9. Please specify necessary arrangements while in Japan, if any. (Examples: accommodation, transportation, and others)

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