

Application format for applying under SNAC/SNAP

INFORMATION FORMAT

1) Name of the organization :

2) Registration No. with National Trust :

3) Name of the Head of the organization :

4) Services offered

Services Please specify the exact activities and age groups No. and names of the qualified staff No. of disabled persons / trainees

Early Intervention

Special School

Integrated Education

Prevocational Training

Vocational Training

Sheltered workshop

Short term training course

RCI Recognized courses

Prevention work

Advocacy

Residential programmes for children with Disabilities

Residential programmes for teacher trainees

Residential place for guests

5) Total number of Qualified Staff

Staff Volunteer – basis Full time Part time

Physiotherapists

Occupational therapists

Speech therapists

Vocational Trainers

Psychologists

Counselors

Social workers

Doctors (Orthopaedic Surgeon, Neurologist, Psychiatrist, Pediatrician etc.)

Administrative Staff

Managers

Accountants

Typists / clerks

Others

6) How many of your staff have RCI Registration ?

7) Does the organization have

• Own land -

• Own building -

• Rented building - (amount of rent paid per month)

8) Space available in the Organisations (Please give figures in square feet and in acres)

(a)

Services Physiotherapy

/ occupational therapy Special classes Speech and Audiology room Vocational training Play & recreation area Auditorium or assembly area

Square feet area available

(b)
 Services Training course area Hostel for children with disability Hostel for teachers / trainers Guest house Others Total
 land area
 Square feet area available

9) Does the organization have a parents association (If yes, specify number of members)
 Does the organization have parents as Board Members and staff

10) Does the organization have a CBR programme? (If yes, then please indicate the following)

11) Does the organization have a State Level Network of Registered Organisations (If yes, please give their names and address)

12) What are the sources of funds

Sr. no. Source 2004-05 2005-06 2006-07

1 From the Ministry of Social Justice & Empowerment

2 State Govt.

3 National Donor Agencies

4 International Donors

5 Own fund raising efforts

6 Private companies, individual etc.

13) Short term training programme organized by the organization, Name of the Training Programme, No. of Trainees and Sources of Funds

2005-06 2006-07

A For Parents

B For Professionals

C For Govt. functionaries

D Any other

14) Name of the Long Term Training Course offered through RCI

15) Technical or managerial support provided, if any to smaller District Level NGOs, Year of Support & Type of assistance.
 Name of organization Year of support Type of assistance

16) Nature of Co-ordination with the State Govt. Departments

17) Has the organization conducted the inspection on behalf of other National / International Bodies:

If yes 2005-06 2006-07

Name of the inspecting organisation

No. of inspection done

Names of NGOs inspected

18) Has the organization conducted awareness programmes: if yes, then:-

2005-06 2006-07

Give the names of places, number of programmes conducted and indicate whether they were in rural or urban areas

Indicate the nature and size of the audience (General public, parents, professionals or mixed group)

Indicate the medium of awareness programmes – Street Play, Puppet Show, Songs, Talks, Films shown or others

19) Are you a member of the Local Level Committee of the National Trust in your district?

20) Are you interested in becoming the State Nodal Agency Centre / State Nodal Agency Partner for National Trust?

Signature.....

Name.....

Address.....

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Date.....

(Seal)