Leader in Training 2020 Application Form

LIT Details:
Name: __________________________________________________________
Address: ________________________________________________________
Age: _______ Date of Birth: _______________ Gender: ______________

Did you attend Camp before? If so, what year? __________________________

T-shirt size:   Adult Small [ ] Medium [ ] Large [ ] X-Large [ ]

Parent/Guardian Details:
Name: __________________________________________________________

Address: (if different from above)
________________________________

Home Phone: ___________________ Mobile: ______________________
Email: ________________________

Please complete all sections and return to:
Margaret Bousquet, NCBI Tallaght, Unit 5, Talbot House, Tallaght Cross East, Tallaght, Dublin 24. Email: margaret.bousquet@ncbi.ie
The closing date for applications is **Friday February 7th 2019**.
If you have any questions regarding application, please do not hesitate to contact Margaret Bousquet (LIT Liaison) on 01 4675205.
LIT Programme

1. Why do you want to be an LIT?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

2. What activities/duties/roles would you like to do at Camp?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. What personal qualities demonstrate your suitability for the role of an LIT?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

4. How would you support a fellow LIT who was hesitant about an activity?
5. How would you help someone who doesn’t want to try something new?

6. What do you think makes a good leader?

**Vision Profile**

Do you have an NCBI local worker?  Yes [ ]  No [ ]
Please provide as much information as possible:

Name of condition:

__________________________________________________________

Date of most recent ophthalmology assessment:

__________________________________________________________

Level of acuity:  NPL (No perception of light) Yes □  No □
PL (Perception of light) Yes □  No □
HM (Hand Movements) Yes □  No □

State Logmar Score (if known): 2/60, 6/60, etc.: ____________

Are you sensitive to glare from bright light/sunlight?
Yes □  No □

Please explain further:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Do you need time to adjust to a change in lighting conditions?
Yes □  No □

Explain: (i.e. Difficulty going from light to dark, dark to light?)
__________________________________________________________
__________________________________________________________
__________________________________________________________

Do you need to wear a peaked cap and or sunglasses or require other solutions to help with glare and or light changes?
Yes □  No □
Do you have difficulty with peripheral vision? (i.e. does not see things above, below or to the sides of them including tunnel vision effect, night blindness, bumps into objects at head height or things from the side.) Yes ☐ No ☐ ☐

Please explain further:

________________________________________________________

Do you have difficulty with central vision? (i.e., seeing straight ahead, unable to distinguish peoples facial features, needs to turn or tilt head to see clearly or see details) Yes ☐ No ☐ ☐

Please explain further:

________________________________________________________

Do you read:

<table>
<thead>
<tr>
<th>Braille Level</th>
<th>Learner</th>
<th>Grade 1</th>
<th>Grade 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large print</td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Regular print</td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Using speech software</td>
<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you use:

<p>| Reading Glasses | Yes ☐ | No ☐ |
| Distance Glasses | Yes ☐ | No ☐ |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunglasses</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Monocular</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Magnifier</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Needs additional lighting</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Do you use any technological devices as support?

<table>
<thead>
<tr>
<th>Device</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer/Laptop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iPad or iPhone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Android Tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braille note</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will you be bringing any devices with you?

________________________________________

________________________________________

Do you require support in using assistive technology?

________________________________________

Medical / Other

Do you have any other medical/nutritional/allergy/ or other special needs that we should be aware of?
Please provide as much detail as you can, as this information is necessary to ensure we can provide the best experience and support for your child as possible.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have any needs in addition to your vision impairment? Please provide details.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have any communication/language difficulties?
Yes ☐  No ☐

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Mobility

Do you walk without assistance?  Yes ☐  No ☐

Do you walk with the use of cane?  Yes ☐  No ☐

Do you use a sighted guide?  Yes ☐  No ☐

Do you use a wheelchair?  Yes ☐  No ☐
Do you use a guide dog?  Yes ☐  No ☐
Do you use any other walking aid?  Yes ☐  No ☐
Please explain further:

_____________________________________________________________________

_____________________________________________________________________

Specify type & degree of assistance required below:
Eating
_______________________________________________________________
Dressing
______________________________________________________________
Bathing
______________________________________________________________
Toileting
______________________________________________________________

As the LIT programme is a training programme, we ask that participants cover their own travel costs to and from camp, as meals and accommodation are provided. Eligible LIT candidates must be available for camp from Monday 15\(^{th}\) to Friday 19\(^{th}\) April 2019. Due to significant interest in the Leader in Training programme all applications will be reviewed and places are not guaranteed. A telephone interview will be carried out with you in mid-February, and you will be contacted by February 28\(^{th}\) regarding selection.
DECLARATION

I acknowledge that the information I have given is accurate and up to date. I understand this information will be used by Camp Abilities for their database should any opportunities arise.

Signed: __________________________________________________

________________________________________________
(Dated)

(LIT)

Signed: __________________________________________________

________________________________________________
(Dated)

(Guardian)

In association with:

VISION SPORTS IRELAND