

tatcot

Tanzania Training Centre
for Orthopaedic Technologists

Wheelchair Technologist Training Course Application Form

Please complete this form and post to: WTTTC Admissions, TATCOT, PO Box 8690, Moshi, Tanzania or submit by email to tatcot@eoltz.com

Section 1: Information on applicant organisation (Must be completed by authorised officer of the organisation)

1.1 Name _____ 1.2 Position _____

1.3 Name of Organisation: _____

1.4 Organisation Type: (NGO / GO / Commercial): _____

1.5 Date Established: _____ No of Employees _____

1.6 Postal Address _____

1.7 Main Objectives and activities of your organisation _____

1.8 Main funders of your activities _____

1.9 Telephone No (including codes) _____

1.10 Fax no: _____ 1.11 email _____

Note: We cannot process your application without contact details including a telephone number.

Approval of your application by a Director / Manager of the organisation

I confirm that the above named organisation supports the application for this candidate to be considered for a place on the WTTTC.

Name _____ Position _____

Signature _____ Date: _____

For official use				
Name:	Country:	Date:	Response:	Code:

Section 2: Information on your Organisation's Experience

2.1 Does your organisation carry out wheelchair repairs? Yes/No (circle)

2.2 If yes, please give details _____

2.3 Does your organisation currently carry out wheelchair/tricycle production? Yes/No (circle)

If yes, please give details _____

2.4 Why do you want to implement wheelchair production? _____

2.5 What are the main disabilities in your region for which wheelchairs are needed? _____

Section 3: Your Facilities for Wheelchair Production

3.1 Do you have a workshop which could be used for wheelchair production? Yes/No (circle)
If yes, please specify the following:

3.1.1 What is the size of the space and where is it located? _____

3.1.2 Does it have good ventilation and light? _____

3.1.3 What is the workshop used for now? _____

3.1.4 Does the workshop have the following utilities, fixtures and fittings:

Electricity	Yes / No	Welding Bench	Yes / No
Water	Yes / No	Sink	Yes / No
Workbenches	Yes / No	Storage Space	Yes / No

3.1.5 Does the workshop have the following equipment available?

Gas Welding	Yes / No	Pillar Drill	Yes / No
Electric Welding	Yes / No	Lathe	Yes / No
Electric Hand Drill	Yes / No	Sewing machine	Yes / No
Bench Grinder	Yes / No		

3.1.6 If you do not have a lathe or sewing machine, do you have access to them ie. another workshop in your area? _____

3.1.7 Does the workshop have the following tools available?

Hacksaw	Yes / No	Round File	Yes / No
Vice	Yes / No	Half Round File	Yes / No
Hammer (Ballpein 500g)	Yes / No	Drills	Yes / No
Spanner Set	Yes / No	Mallet	Yes / No
Vernier Caliper	Yes / No	Pipe Cutter	Yes / No
Tape Measure	Yes / No	Welding /Safety Glasses	Yes / No
Screwdriver Set	Yes / No	Punch	Yes / No
Clamps	Yes / No	Taps and Dies	Yes / No
Pliers (Combination)	Yes / No	Tyre Levers	Yes / No
Flat File	Yes / No	Spoking key	Yes / No

3.2 If you do **not** have a workshop, please explain below where you would expect to establish wheelchair production.

3.3 If you do **not** have any / all of the equipment and tools required for wheelchair production, please explain how you would secure and fund these.

Section 4: Financial

4.1 The total course fees are US \$8,441 plus travel costs to and from TATCOT. A monthly stipend is also paid to the student in addition to them continuing to receive their salary to cover their living costs while studying. Please confirm if your organisation is in a position to sponsor these costs:

- a) The organisation is able to sponsor the applicant's course fees/stipend/travel Yes/No
- b) The organisation is able to continue paying the applicant's salary Yes/No
- c) The organisation will approach potential sponsors Yes/No

If yes to c) please give details _____

Comments _____

Section 5: Applicant Information (Applicant to complete)

5.1 Name _____ 5.2 Date of Birth _____

5.3 Sex: Male / Female _____ 5.4 Current position in organisation _____

5.5 Length of time in position _____

5.6 Education _____

5.7 Qualifications (please give subjects and grades of O Levels / A Levels at Secondary School)

NOTE: YOU MUST ALSO ATTACH COPIES OF YOUR CERTIFICATES WITH YOUR APPLICATION OR IT CANNOT BE PROGRESSED

5.8 Do you have a disability? Yes / No *If no, go directly to question 5.12*

5.9 Please state your disability _____

5.10 Do you use a wheelchair? Yes / No

5.11 Does your disability affect your upper body strength or hand function (please give details)

5.12 What is your standard of Written English Poor / Fair / Good / Very Good (please circle)

5.13 What is your standard of Spoken English Poor / Fair / Good / Very Good (please circle)

5.14 Why do you want to attend this course? _____

5.15 What experience do you have that makes you a particularly suitable candidate?

5.16 What do you think are the 3 main problems with wheelchairs available in your country today?

1) _____

2) _____

3) _____

5.17 What do you feel are the main strengths of the organisation you represent?

5.18 Please describe briefly the experience you personally have in the following areas:

a) Technical Skills (e.g. metal fabricating, woodworking skills, bench work etc) _____

b) Wheelchair Production _____

c) Technical Drawing _____

d) Accounting / Financial Management _____

e) Personnel Management _____

f) Team Work _____

Applicant Signature _____ Date _____

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY A DIRECTOR / MANAGER OF THE ORGANISATION IF THE CANDIDATE IS APPLYING AS AN ORGANISATION REPRESENTATIVE.

COPIES OF THE EDUCATION CERTIFICATES OF THE PROPOSED CANDIDATE MUST BE ATTACHED BEFORE THE APPLICATION CAN BE CONSIDERED.