



Fundusze Europejskie
dla Warmii i Mazur

Dofinansowane przez
Unię Europejską



Attachment No. 1 to the Application Form

**QUESTIONNAIRE REGARDING THE SPECIAL NEEDS OF PERSONS WITH DISABILITIES PARTICIPATING
IN THE PROJECT "Your Second Home!" No. FEWM.09.03-IZ.00-0065/23**

1. Personal Information::

Full name:

PESEL:

Contact phone number:

**2. Please specify the barriers resulting from your disability that make it difficult for you to
participate in the "Your Second Home!" project:**

- I have mobility issues.
- I have vision problems and need training materials printed in larger font (or audio textbook).
- I need the assistance of a sign language interpreter.
- Other (please specify)

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3. Please indicate your disability-related needs in the context of participation in the Project:

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Date

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Legible signature