Appendix 10. Project Participant Special Needs Declaration Form

Title: **Silesian University of Technology as a university promoting modern trends in education and profiling the development of academic teaching staff and doctoral students**

PROJECT PARTICIPANT
SPECIAL NEEDS DECLARATION FORM

Name and surname	
Telephone number	
E-mail address	

1. Support form for which accessibility needs are reported
(applies only to internal training delivered under the Project at the Silesian University of Technology)

Training/topic	
Training/course date	
Training/course location (Faculty, room)	

2. To ensure full and comfortable participation in project activities, do you require any specific accessibility arrangements?

☐ no special needs
☐ Polish Sign Language interpreter
☐ Signed Polish interpreter
☐ induction loop
☐ enlarged text
☐ live captions
☐ architectural accessibility / mobility suport
☐ special arrangements for an assistance dog, e.g. a water bowl
☐ assistant suport
☐ other (please specify): ……..

3. Additional comments (optional):

……

……

I hereby declare that, in the case of support forms delivered by external entities that are not organisationally affiliated with the Silesian University of Technology, I undertake to inform the organiser independently about the reported accessibility needs.

_____ _____

Place and date Project Participant's signature