

**Evaluation Request Form**

1. Organization Name: \*
2. Type of Organization: \* *Mark only one oval.*

Government

Private sector Nongovernmental Other:

1. Building Type: \*
2. Country/city name? \*
3. The scope of work of the institution?
4. The name of the head of the institution? \*
5. Please attach the following papers

A picture of the building plan

Pictures of ramps for people with disabilities

Pictures of bathrooms for people with disabilities

Pictures of elevators if any

Pictures of the reception, if any

Pictures of any services provided to people with disabilities, if any Website / phone / WhatsApp / email other:

8- Applicant:

* Name:
* Occupation:
* Mobile number:

9- I undertake that all information that I have filled in this application is correct and on my responsibility