*Thank you for your interest in Garage's Inclusive Programs.*

*The information provided will be used exclusively for a preliminary selection of participants.*

**Please send the completed form to** **deaf@garagemca.org** **before 7 pm on June 11, 2018.**

|  |  |
| --- | --- |
| **1. Personal details** |  |
| Name, surname and age |  |
| Education  |  |
| Employer, job title |  |
| Telephone / email |  |
| Have you taken part in any Garage training courses devoted to the development of programs for visitors with disabilities?  |  |
| **2. Why are you interested in learning sign language?** |  |
| **3. Do you have any experience of communicating with deaf and/or hard of hearing people?**  |  |