



**Task 2.1: Defining and Setting the Inclusive Education Unit Vision, Mission, Tasks, Members, Location, Objectives, and Goals**

**Members of the Accessibility Unit<sup>1</sup>**

<b>University full name:</b>	
<b>Partner acronym</b>	

<b>Disability Advisor or Learning Support Coordinator</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	Yes
<b>Faculty / Staff member 1</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Faculty / Staff member 2</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> At least 5 Faculty/Staff members

<b>Faculty / Staff member 3</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Faculty / Staff member 4</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Faculty / Staff member 5</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Faculty / Staff member 6</b>	
First name:	
Surname:	
Title:	
e-mail:	
Position (job) in the university:	
HEI Degree:	
Member of committee of practice:	<input type="checkbox"/> Yes <input type="checkbox"/> No