# Registration Form*

## *Five Days' course on "Wheelchair Service Training Package-Intermediate Level (WSTP-I)"*

**Venue:** MOBILITY INDIA, 1st & 1st "A" Cross, J.P.Nagar 2nd Phase,Bangalore 560078

**Course dates: 22nd August to 31st August, 2016 -Extended 4 days for hands on skill)**

| | | | | |
|---|---|---|---|---|
| **Title** | | Mr ☐ | Mrs ☐ | Ms ☐ Other |
| **Full Name (Capital letter)** | | | | |
| **Name for the Certificate (Capital letter)** | | | | |
| **Sex** | | Male ☐ | Female ☐ | |
| **Occupation:**<br>**No. of years of Experience:** | | | | |
| **Professional Qualification:** | | | | |
| **Organisation/ Hospital TYPE** | | GOVT. ☐ NGO ☐ CORPORATE ☐<br>FAITH BASED ☐ COMMUNITY BASED ☐ | | |
| **Organisation/ Hospital NAME** | | | | |
| **Address** | | | | |
| **Telephone number** | | Mobile: | Work: | |
| **Email address** | Personal | | | |
| | Official | | | |
| **Website** | | www. | | |
| **Have you attended any previous wheelchair training courses? Please select the course and mention the date.** | | ☐ WSTP Basic ☐ WSTP Intermediate<br>☐ Other<br>Date of course: | | |
| **Have you passed WSTP-Basic online test?**<br>**If yes please state the competency assessment date and score.** | | YES ☐ NO ☐<br>Competency Assessment Completion Date:<br>Competency Assessment Score: | | |
| **Are you currently involved in wheelchair service and/or training delivery?** | | YES ☐ NO ☐ | | |

| | | |
|---|---|---|
| **Are you involved in Community Based Rehabilitation (CBR)?** | YES ☐ NO ☐ | |
| **Please indicate if you do or do not require accommodation*** ** | Accommodation required ☐ | Accommodation **not** required ☐ |
| **Do you have any special dietary requirements?** | Yes ☐ No ☐<br>If yes – what are your requirements? | |
| **If you have a disability please let us know if you require any special assistance.** | | |
| **Emergency contact name** | | |
| **Emergency contact telephone number** | | |
| **Any comments/additional information?** | | |
| **Recommended by HOD/ Concerned reporting officer** | **NAME:**<br>Signature:<br>Date and time:<br>Office seal: | |

- Thank you for completing this registration form.
- Please send us the duly filled in registration form approved by the department in-charge or concerned authority, to academicdept@mobility-india.org at the earliest.
- The selection committee decision will be final. You will be contacted to confirm your participation for the course.

*** Filling the registration form does not guarantee your confirmation for participation.**

****Accommodation will be provided to outstation candidates only, on shared basis.**