

Registration for Fit for Life training



Location: Mobility India, Bangalore, India
Course date: Monday 21st June to Saturday 3rd July 2010

Please complete this form and return to **Saraswathi, Academic Manager,**
Email: academic@mobility-india.org (copy to e-mail@mobility-india.org)
Fax: +91-80-26494444 Ext 110

Please select the training course you would like to attend	Wheelchair prescription course			<input type="checkbox"/>
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
First name				
Last name				
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Occupation				
Organisation				
Address of organisation				
Brief description about organisation				
Telephone numbers	Work:	Home:	Mobile:	
Email address				
Level of English	Spoken:		Written:	
	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>	
	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>	
	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>	
What is your main spoken language?				

Level of education	Primary level <input type="checkbox"/>	Bachelors degree <input type="checkbox"/>
	Secondary O-level <input type="checkbox"/>	Vocational training <input type="checkbox"/>
	Other (please specify)	
Please describe your present job (what it involves, your responsibilities etc)		
Please describe any previous education or experience you have had regarding disability issues		
Please indicate if you do or do not require accommodation	Accommodation required <input type="checkbox"/>	Accommodation not required <input type="checkbox"/>
If you have a disability please let us know if you require any special assistance		
Please let e us know if you are allergic to any Food/Medicine/ Materials/Conditions		

Thank you for completing this registration form. Once you have returned the form we will be in touch to confirm your place and send you further information.