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| **Coach Registration Form** |
| All fields with an asterisk (\*) are required |

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| Coach Information | | | | | | | | | | | | | | | | |
| Full Name\*: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Nickname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Preferred online communication** *(check the relevant box and indicate your social network ID)***:** | | | | | | | | | | | | | | | | |
| 🞎 Email | 🞎 Facebook | | | 🞎 Twitter | | 🞎 WhatsApp | 🞎 Viber | | 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Social Network ID:*(Email address, User, etc.)* | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Telephone:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| City: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Gender\*:** | | 🞎 Female | | | 🞎 Male | |
| State: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **Birth Date:** | | \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ | | | | |
| Region: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | | | | |
| **Relationship with Organization:** | | | | | 🞎 Staff 🞎 Volunteer 🞎 Consultant 🞎 Guest 🞎 Peer Educator 🞎 Other | | | | | | | | | | | |
| **Position in the Organization:** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Date when joined organization (on ‘relationship’ above)\*:** | | | | | | | | \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_\_ | | | | | | | | |
| **In the past, have you participated as a beneficiary in the organization you now work at?** | | | | | | | | | | | | | | 🞎 Yes | | 🞎 No |

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| 1. **Education** | | | |
| **Are you attending school at the moment?** | 🞎 Yes | 🞎 No | |
| **Name of the school currently or last attended:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **School level and grade attending, or last attended:**  *Choose one and fill out the grade* | 🞎 Primary  ⮡ Grade:\_\_\_\_\_\_\_\_ | | 🞎 Secondary  ⮡ Grade: \_\_\_\_\_\_\_\_ |
| 🞎 Higher | | 🞎 Never went to school |

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| **C. Background Information** | | | | | | | | |
| **Do you live with your parents?** | | | | | | | | |
| 🞎 Both Parents | 🞎 Mother Only | 🞎 Father Only | | | | 🞎 No, I don’t live with either parent  ⮡ Who do you live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Are you married? *If yes, write your age when you got married* | | | 🞎 No | | 🞎 Yes, I was married at age\_\_\_\_\_\_\_\_\_\_\_ | | | |
| How many children do you have? *If you have children, please enter your age at first birth.* | | | | 🞎 No children | | | | |
| 🞎 1 | | | 🞎 2 | 🞎 3 or more |
| I was \_\_\_\_\_ years old when my first child was born. | | | | |

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| **D. Health** | |
| **Do you have any medical conditions?**  *If yes, list the conditions* |  |
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| **Do you have any allergies?**  *If yes, list the allergies and explain* |  |
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| **Is there any medication that you are currently taking regularly?**  *If yes, list the medications and explain what they are for and how/when they need to be used* |  |
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| **Is there anything that you CANNOT eat due to medical, religious, or personal reasons?**  *If yes, list the requirements* |  |
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| No, no difficulty | Yes, some difficulty | Yes, a lot of difficulty | Cannot do at all |
| **Do you have difficulty seeing, even if wearing glasses?** | 🞎 | 🞎 | 🞎 | 🞎 |
| **Do you have difficulty hearing, even if wearing hearing aid?** | 🞎 | 🞎 | 🞎 | 🞎 |
| **Do you have difficulty walking or climbing steps?** | 🞎 | 🞎 | 🞎 | 🞎 |
| **Do you have difficulty remembering or concentrating?** | 🞎 | 🞎 | 🞎 | 🞎 |
| **Do you have difficulty with self-care, such as washing all over or getting dressed?** | 🞎 | 🞎 | 🞎 | 🞎 |
| **Using your usual language, do you have difficulty communicating, such as understanding or being understood?** | 🞎 | 🞎 | 🞎 | 🞎 |

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| **E. Emergency Contact** | | | | | |
| **Full Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Relationship:** | | 🞎 Mother |
| **City:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | 🞎 Father |
| **State/Province:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_ |
| **Telephone:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |