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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant 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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **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. | | | | |

|  |  |
| --- | --- |
| **Health** | |
| **Do you have any medical conditions?**  *If yes, list the conditions* |  |
|  |
|  |
| **Do you have any allergies?**  *If yes, list the allergies and explain* |  |
|  |
|  |
| **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* |  |
|  |
|  |
| **Is there anything that you CANNOT eat due to medical, religious, or personal reasons?**  *If yes, list the requirements* |  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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?** | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Emergency Contact** | | | | | |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Relationship:** | | 🞎 Mother | 🞎 Father |
| City: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province:** \_\_\_\_\_\_\_\_\_\_\_ | |  | 🞎 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Telephone:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Activity** | | |
| **Registration Date\*: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** | **Reason for joining the programme (***Choose only one***):** | |
| 🞎 My parents told me to join | 🞎 To play sports |
| 🞎 To get physically fit | 🞎 A friend invited me to join |
| 🞎 To be with my friends | 🞎 To learn new skills |
| 🞎 To learn to defend myself | 🞎 It’s a good reason to leave home |
| 🞎 It’s a good reason to leave school | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| 1. **Exit Information** | | |
| **Programme Exit Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** | **Reason for leaving the programme (***Choose only one***):** | |
| 🞎 Completed the curriculum/training | 🞎 Became uninterested |
| 🞎 Got pregnant | 🞎 Moved away from the area |
| 🞎 Family pressure to leave | 🞎 Too much school work |
| 🞎 Got a job | 🞎 Too much work at home |
| 🞎 Got married | 🞎 Deceased |
|  | 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |