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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**
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| **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:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |