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

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

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

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| 1. **Activity**
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Exit Information**
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |