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| **Training of Animators for School & Micro-Gardens**  **November 9 - 23, 2017 | Saidoun - Jezzine (South Lebanon)** | | | | | | | | | |
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| **REGISTRATION FORM** | | | | | | | | | |
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| Please fill the form below and send it by email to contact.soilslebanon@gmail.com **by October 30, 2017**  **\*All fields are required - Write N/A where the information is not applicable** | | | | | | | | | |
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| **PERSONAL INFORMATION** | | | | |  | | | | |
|  | | | | | | | | | |
| 1. First name: |  | | | |  | 3. Date of birth (DD/MM/YYYY) | | |  |
|  | | | | | | | | | |
| 2. Last name: |  | | | |  | 4.Gender(Male/Female) | | |  |
| 5. Nationality: |  | | | |  |  | | |  |
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| **CONTACT DETAILS** | | | | |  | **ADDRESS** | | | |
|  | | | | |  |  | | | |
| 6. Mobile |  | | | |  | 9. Caza |  | | |
|  | | | | | | | | | |
| 7. Landline |  | | | |  | 10. City or Village |  | | |
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| 8. Email |  | | | |  | 11. Street |  | | |
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| **EDUCATIONAL/PROFESSIONAL BACKGROUND** | | | | |  | | | | |
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| 12. Current occupation (if applicable) | | | |  | | | | | |
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| 13. Highest level of education (state major, university, year of graduation) | | | |  | | | | | |
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| 14. Are you currently a student?(YES/NO) | | | |  | | | | | |
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| *If YES, please specify:* | | | | | | | | | |
| 15. University | |  | | |  | 16. Major |  | | |
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| **FOOD/SAFETY INFORMATION** | | | | |  | | | | |
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| 17. Do you have specific diet needs or restrictions?(YES/NO) | | | | | |  | | | |
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| *If YES, please specify (vegan, vegetarian, gluten-free, etc.)* | | | | | |  | | | |
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| 18. Do you suffer from any allergies/chronic conditions?(YES/NO) | | | | | |  | | | |
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| *If YES, please list your medication(s) and dosage* | | | | | |  | | | |
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| **IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?** | | | | |  | | | | |
| 19. Emergency contact name | | |  | | | 20. Mobile number | |  | |
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| **ADDITIONAL INFORMATION** | | | | |  | | | | |
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| 21. How did you hear about this training course? | | | | | | | | | |
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| 22. What do you hope to learn from this course? | | | | | | | | | |
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| 23. Would you be willing to work in learning or micro-gardens if you get the chance in the future? | | | | | | | | | |
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| 24. Do you have any comments or questions you'd like to share with us? |
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| **For further questions and details, please email us: contact.soilslebanon@gmail.com or call +961-71-617988** |

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| **DISCLAIMER** |  |  |
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| **I, the undersigned certify that the information I have provided in this form is complete and accurate. I agree to take full responsibility for all my personal belongings and valuables. I understand that SOILS Permaculture Association Lebanon will not be held liable for any personal injury/affliction resulting from information I withheld from the association, and/or for any damage/loss to my property.** | | |

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| --- | --- | --- | --- |
| Date |  | Signature |  |
|  |  |  |  |

Website: www.soilspermacultureassociationlebanon.com

Email: contact.soilslebanon@gmail.com

Facebook: SOILS Permaculture Association Lebanon