

The Anjali Morris Education & Health Foundation, Pune
Bridging Over Learning Differences (BOLD) Program

Parent Training Program Registration Form

(To be filled in by the Applicant. Please write in CAPITAL letters)

Training Workshop on: _____

Date of workshop: _____

Medium of Instruction: English / Marathi / Hindi (circle one)

Paying amount: _____ (cash/cheque)

1. Personal Profile:

Parent Name: _____

Address: _____

City and Pin code: _____ State: _____

Phone: _____ Fax: _____

Email: _____

Gender: _____ Age: _____

Mobile no: _____

Languages spoken at home (circle): English Marathi Hindi Other: _____

2. Educational Profile of parent: (start from most recent)

University / Institute	Degree/ Diploma / Certificate	Main Subject(s)	Year

3. Work Experience (start from most recent):

Name & Address of Organization	Designation / Title of the job	Worked		Year/s of Experience
		From	To	

4. Child/ren (For study skills workshop, v next to name of child attending)

Name	Age	School	Standard

Describe the difficulties your child/ren is/are facing:

Your child: (tick)

- is using a tutor
- has an educational assessment
- is diagnosed with Learning Difficulties (LDs)
- other (specify) _____

5. Please state, on a separate sheet, what you are seeking from this program and how you think this program will be useful to you.

Date: _____ Signature: _____

For enrollment in the program, registration must be received **prior to the stated deadline** and include:

- Completed application form
- Separate sheet responding to question 5
- A cheque for the appropriate fee

Submit your application by post or in person to following address:
301, Gopur Apartments, Ghole Road, 1195/7 Shivajinagar, Pune 411 005, India

FOR OFFICE USE ONLY:

LAST NAME: _____ Date application received: _____

- Application form
- Qs 5
- Payment received