

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

## Teacher Training Program Registration Form

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

**Teacher Training Workshop on:** \_\_\_\_\_

**Date of workshop:** \_\_\_\_\_

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

**Paying amount:** \_\_\_\_\_ (cash/cheque)

**1. Personal Profile:**

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Name and Address of your School / Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City and Pin code: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**2. Educational Profile:**

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	

**Subjects/Classes you teach:** \_\_\_\_\_

**Description of the present responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Type of services offered by the School / Organization:** (LD, Spe.Edu, Diagnosis etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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