

2. Medium of Training (shade only one):

Others 2 (Specify language):





Course Application Details:

1. Course Name: SOGI

	English	0	Spanish								
	SOGI AF	PPLIC	CATION FORM: I	Pilotir	ng of Onlin	ie SOGI	Course		_		
1.	Surname and title(s), if applicable				2. Other Name(s)						
3.	Date of Birth (Day/Month/Year)	4. Nationality			5. Country of residence			6. Gender	-		
7.	Current affiliation (workplace)	8. Designation or position(s)		9. Office telephone No.: 10. Name of official contact person:							
				11. Personal mobile:12. Email address (personal account only):							
	. Language (s) Rate you			ı	Read	Write	Speak	Understand			
4 -	None, 2 - Limited, Proficient ample) Frenchi	. 3	3 - Working knowle	dge,	4	3	4	4			
a.	English										
b.	o. Others 1 (Specify language):										

14. Education: Give full de	etails of rele	vant acade	mic qualifications (starting v	vith highe	st attair	ned):	
Name of institution, Place	'	ded Year	Academic certification	Main course of study				
Country	[Fro	m/To]	obtained (e.g. deg					
		1	diploma)					
a.								
b.								
C.								
d.								
e.								
15. Relevant engagement/e	employment i	record in Pre	vention or Treatmer	nt-related	field (Star	ting with	present)	
Organization	Designatio	n	Years of experien	ng with:	Training			
			Children	Youth	Adults	experience		
1)								
2)								
3)								
4)								
5)								
16. Do you have good internet connectivity at all times?								
17. Online platform that	you are mos	t comfortak	ole using? (shade o	nly one)				
O Zoom Micro	osoft Teams	CISC	O Webex Other	s:				
18. I need training on how	w to use the	online sess	ion apps (shade or	nly one)				
○ Yes ○ No ○ I just need to practice								
19. Names in the order th	at you would	l nrefer on	your Cartificate of C	`ompletic	n issued I	ny Color	nho	
Plan (use Uppercase):	at you would	i preier on	your certificate of c	Jonipietic	ii issueu i	Jy COIOI	1100	
rian (ase opperease).								
Declaration: I hereby certi	ify that my re	esponses to	the above question	ns are tru	e, comple	te and a	ccurate	
to the best of my knowled	lge.							
Signature								
Name Date								