# Frobel Academy

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**Registration Form**

**1. Name of the Candidate:**

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**First Name Middle Name Last Name**

**2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Date of Birth (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Sex: Male Female**

**7. Educational Qualifications:**

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**8. Are you a student of an educational institute? Yes No**

**a) If yes, please state the name of your institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**b) If yes, please also provide the name and mobile number/email of a faculty member who can give you a reference:**

**9. If you are a working professional, please tick the appropriate box.**

**Medical Professional**

**Teacher**

**Psychologist**

**Occupational Therapist**

**Speech Therapist**

**Physiotherapist**

**Counselor**

**Homemaker**

**10. If you are a working professional, please provide the name and address of the firm along with your designation:**

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**11. Are you a parent of one a Frobel Academy or Frobel Play School learner?**

**If yes, please tick here.**

**12. How did you hear about the Certificate Course at Frobel Training Academy?**

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**Signature of the Applicant Date**