

**EDIFY INTERNATIONAL
CENTER FOR PROFESSIONAL DEVELOPMENT**

TRAINING PARTICIPATION FORM

1. **Name of the Participant:** _____
2. **Training Program applied for:** _____
3. **Academic Qualifications** (Please list all academic degrees completed/in progress; Bachelors degree onwards)

Degrees/Diplomas	University/Institution Attended	Year of Completion

4. **Area of Specialization:** (Please specify your area of academic and professional specialization/s)

5. **Organization and Position** (Please specify your working organization and position; if applicable)

Organization: _____ Position: _____

6. **Learning Expectation** (Please mention precisely what you expect to learn from this training program)

7. **Expected Application of Learning** (Please mention how will you use the learning of this training program)

8. **Prior Similar Training Experience** (Please list any three training programs attended within last two years):

Training Program	Organized by	Duration	Perceived Learning

9. **Skill Proficiency** (Please ✓ in appropriate box)

Professional Skills	Level of Skill			
	High	Average	Low	No
Using computer				
Professional writing in English				
Data processing and analysis using computers				

10. **Contact Ph:** _____ (Res.) _____ (Works), Email: _____