**“TA’ALOUF” TRAINING PROGRAM FOR PARENTS**

 **APPLICATION FORM**

**APPLICANT’S PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Full Name** |  | **Marital Status** |
| **Gender 🞎 Male 🞎 Female** |  | **Emirate** |
| **Date of Birth** |  | **Home Telephone** |
| **Nationality** |  | **Mobile** |
| **UAE ID Number:** |  | **E-Mail Address** |

**APPLICANT’S EMPLOYMENT INFORMATION APPLICANT’S EDUCTION INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Company** |  | **Degree** |
| **Designation** |  | **Specialty** |
| **Emirate** |  | **Name of Institution** |
| **Work Telephone** |  | **Academic Year** | **Country** |

**SPECIAL NEEDS CHILD’S DETAILS**

|  |  |  |
| --- | --- | --- |
| **Full Name** |  | **Nationality** |
| **Gender 🞎 Male 🞎 Female** |  | **UAE ID Number** |
| **Age** |  | **School/Center** |
| **Type of Disability** |  | **Grade** |

**DID YOU ATTEND TA’ALOUF PROGRAM BEFORE?**

**🞏Yes 🞏No**

**If yes: Title of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE SELECT THE LANGUAGE YOU PREFER FOR THE TRAINING:**

**🞏Arabic 🞏English 🞏Both**

**WHAT DO YOU EXPECT TO GAIN FROM THE COURSE?**

|  |
| --- |
|  |
|  |
|  |
|  |

**CHECKLIST**

**PLEASE SUBMIT THE FOLLOWING FORMS TO ENROLL IN THE TA’ALOUF TRAINING PROGRAM**

**🞏** Passport copy of participating parent (for non-nationals, include UAE valid visa copy); or/and copy of valid UAE ID

**🞏** Passport copy of the special needs child (for non-nationals, include UAE valid visa copy); or/and copy of valid UAE ID

**🞏** Medical report or letter from Paediatrician, Clinical Psychologist or Psychiatrist confirming child’s disability

**DATE OF TODAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For inquiries, please contact the Department of Program of Al Jalila Foundation by e-mail: **taalouf@aljalilafoundation.ae**.