**“RISE UP” Training Form**

|  |  |  |
| --- | --- | --- |
| 1 | Name  |  |
| 2 | Date of Birth  |   |
| 3 | Gender  | Female / Male / Others |
| 4 | Address for communication |  |
| 5 | Mobile number(s) |  |
| 6 | E-Mail ID  |  |
| 7 | Occupation |  |
| 8 | Educational Qualifications(Highest achieved) Enclose certificate copy |  |
| 9 | Years of Experience as counsellor(enclose letter of experience) |  |
| 10 | Years of Experience as Supervisor (enclose self declaration) |  |
| 11 | Letter of Recommendation / Reference  |  |
| 12 | Membership in any other Professional body |  |
| 13 | Date of proposed RISE UP training / City |  |
| 14 | Mode of Payment **If online,**Transaction no:Name of the bank:Date of transaction:**If Cheque**,Cheque No:Name of the Bank and date: | Cheque/ DD/ NEFT /Online payment |

I hereby declare that the above information is true to the best of my knowledge.

Date: Signature

**For Office Use**

1. Application Reviewed by :
2. Documents Verified by :
3. Application accepted / Rejected :
4. If rejected, reason :
5. Application accepted by :
6. RISE UP Training date :
7. Name of the Trainer :
8. Place of Training :
9. Payment Details :

**Payment Details:**

**Mode of Payment:** Cheque or Bank Transfer

**Cheque:** May be drawn in favour of “Indian Academy of professional Supervisors” and mailed to the address given below along with the filled in membership form and required documents:

**Dr.Vasuki** ,**C1- Shamrock Apartment, 126 Santhome High Road, Chennai-600028**

**Bank Transfer Details:**

Account Name : Indian Academy of professional Supervisors

Account No : 50100279055330

Account Type: Saving Account

Bank Name : HDFC Bank

Branch Name :Kottivakkam

IFSC Details : HDFC0000500

**\*Fee once paid will not be refunded**