



TRC - Institute of Early Childhood Education Enrolment Form



Course you wish to enrol for _____

1. Personal Information

We need this information just in case we need to get in touch with you. Please provide accurate and complete details.

• Name: _____

• School: _____

Postal Address: _____

• Home Address: _____

• Telephone Numbers

School Landline: _____ Home Landline: _____

Your mobile number: _____

Your e-mail address: _____

2. Professional Qualifications/Experience

We need the following information to ensure this course will meet your needs.

• Have you earned any professional qualifications?

Yes

No

If yes:

Name of Qualification: _____

Name of Institute: _____

Year: _____

- How long have you been working?

Dates (month & year)	School/Organisation	Your Job Title	Your Responsibilities
_____ to _____			
_____ to _____			
_____ to _____			

3. Personal Statement

How do you think this course will help you?

Signature: _____

Date: _____

TRC Membership No: _____

The sum of Rs. _____ as course fee by cash/cheque is enclosed.

Please Note:

- Incomplete forms will not be accepted.
- In the event of disturbance in the city, please call to check about the scheduled workshop.
- If TRC cancels a workshop you will get a full refund. Requests for refunds must be received within 5 working days of the workshop.
- If you cancel a registration:
 - one day before a workshop, you get No refund
 - two days before a workshop you get a 50% refund
 - more than two days before a workshop you get a 25% refund

Head's Signature & School Stamp:

For office use only

Date: _____

Receipt No: _____

Received by: _____