**Autism Technician Development Program**

Application Form

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| **Section 1 – Personal Details** |
|  |
| Full Name \* | Full Name (in Arabic) \* |
|  |  |
|  |
| Gender \* | Date of Birth \* |
|  |  |
|  |
| Nationality \* | Governorate \* |
|  |  |
|  |
| Mobile Phone Number \* | Other Phone Number |
|  |  |
|  |
| Email Address |
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| **Section 2 – Education and Courses** |
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| Educational Organization Name \* |
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|  |
| Degree \* |
|  |
|  |
| Field of Study \* |
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|  |
| Start Year \* | End Year \* |
|  |  |
|  |
| Grade \* |
|  |
|  |
| Courses / Certification |
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| **Section 3 – Personal Development and Qualification** |
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| In brief, tell us more about you \* |
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|  |
| Why are you interested in this program? \* |
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|  |
| What makes you succeed as an Autism Technician? \* |
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| **Notes** |
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| * All applications must be sent to the following email: (apply@autismmena.org).
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| * Applications sent after deadline will not be considered.
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| **A Statement to be Signed by the Applicant** |
| Please complete the following agreement and sign it in the appropriate place below.  |
|  |
| I hereby certify that: |
| * All the information given by me on this form is correct to the best of my knowledge.
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| * All questions relating to me have been accurately and fully answered.
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| * I fully commit to attend all modules of the program and fulfil all the related requirements.
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| * After participating on this program I am prepared to volunteer and support other projects and events.
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| **Signature (Your Name)** | **Date** |
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