

ALIPPE workshop on the dyslexia way of learning for prison educators

Registration form and agreement -participant
January 13th 2016

ALIPPE **workshop** Participant application form

Please send this application form duly completed and signed to:
info@valkenuil.nl

Deadline for sending the registration form:
December 1st 2016

If your candidature to this course is accepted, the Workshop Organiser will return to you a signed copy of this form.

I - Identification of the Workshop

| | |
|------------------------------|--|
| Title of the training | ALIPPE |
| Host institution | Valk&Uil, The Netherlands |
| Dates of the training | March 21th – March 25th 2017 |
| Travel dates: | Arriving: March 21th, Depart: March 25th 2017 |



II - Identification of the candidate applicant

II.1. Contact details

| | | | |
|-----------------------|--|--------------------|--|
| Title (Mr/Ms) | | First name | |
| Family name | | | |
| Address | | | |
| Postcode | | City | |
| Country | | | |
| Telephone 1 | | Telephone 2 | |
| Mobile | | Fax | |
| E-mail address | | | |

II.1. Other information

| | |
|---|--|
| Date of birth | |
| Nationality | |
| Occupation | |
| Special requirements for travels and/or during the stay (mobility, dietary, medical, etc...) | |
| Experience with former international activities | |
| Motivation to participate in this workshop | |
| Languages spoken | |
| Languages understood | |
| Other information you would like to mention | |



II.3 Other questions

| | |
|--|--|
| Workaddress / organisation | |
| What kind of experience do you have with illiterate prisoners? | |
| What is your special interest in this workshop? | |
| Would your organisation be positive to introduce a course for dyslexic prisoners? | |
| | |
| | |

Registration form and agreement workshop-participant



CANDIDATE participant

I confirm that I understand and intend to obey to the following principles and rules:

1. The Workshop Provider will select candidates
2. Candidates may be selected, rejected or registered on a reserve list;
3. By signing the present document, the candidate participant commits himself / herself to:
 - a) if case of selection:
 - i. attend the Workshop
 - ii. comply with all arrangements negotiated for his/her participation and to do his/her best to make the training a success
 - b) in case of selection but non attendance: present evidence of force majeure,
 - c) in case of partial or non attendance and no presentation of evidence of force majeure, reimburse the Training Organiser of all costs incurred due to this non-attendance.

Date: Signature:

Workshop provider

We confirm that the above mentioned candidate has been accepted to attend the ALIPPE dyslexia teacher-training course and will do our best to provide him/her with a successful experience, as described in our application form.

TITLE: ALIPPE workshop on the dyslexia way of learning for Prison educators
Awareness Literacy Improvement Possibilities of dyslexics in Post-secondary Education

DATES: 21th March - 25th March 2017
LOCATION: Hampshire Hotel Mooi Veluwe,
Gardenseweg 154, 3881 NC Putten, The Netherlands

Date: Signature¹:

¹ And stamp of the organisation