**INTAKE FORM**

This form is for registering new volunteers, trainees and interns. All positions are not paid.

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| Full Name: Full address:Mobile number and email: |

FORM

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| **For volunteer professionals:**What is your profession:What is your qualification: |
| **For student interns:**University/college: Program:University/college contact phone and email: |
| **For trainees:**Name of training, for example EEG: |

FORM

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| What are you expecting to learn (goals or objectives)?: |

FORM

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| Agreed activities: |

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| Notes/Comments: |

**OFFICIAL USE ONLY**

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| Position of volunteer or intern:Agreed start and end dates:ERCZ Supervisor/s:Days: Start time and end time:Date of intake meeting: Date of orientation: Date of exit interview: Exit date: |