



Epilepsy Resource Centre Zimbabwe
Muzinda we tsvakurudzo, ruzivo nerubatsiro nezve pfari

INTAKE FORM

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

Full Name:

Full address:

Mobile number and email:

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:

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

Agreed activities:

Notes/Comments:

OFFICIAL USE ONLY

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: