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| **REGISTRATION** |  | **Leadership and Management for Early Childhood Settings** |

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| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Personal Details** | | | | | | | | |
| **Participant’s Name (First):** | |  | | **Participant’s Name (Last):** | | | |  |
| **Date Of Birth** | |  | | | | **Gender** | | **Female** |
| **(DD/MM/YYYY)** | | | | **Male** |
| **e-mail address** | |  | | | | | | |
| **Mobile Number** | |  | | | | | | |
| **Residential Address** | |  | | | | | | |
| *Kindly attach copy of verifiable document, such as passport or national ID.* | | | | | | | | |
| **Current Employer Details** | | | | | | | | |
| **School Name** | |  | | | | | | |
| **Telephone** | |  | | | | **City** | |  |
| **School Address** | |  | | | | | | |
| **School Head/Owner** | |  | | | | | | |
| **Employment Date** | |  | | | | | | |
| **Current Role** | |  | | | | | | |
| **Current Responsibilities** | |  | | | | | | |
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| **Employment History (prior to current) Please feel free to add more rows, wherever necessary** | | | | | | | | |
|  | **School/Establishment** | | **Years/Dates of employment** | | **City/Country** | | **Role/Designation** | |
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| **Education: (Please list chronologically – school onwards)** | | | | | | | | |
|  | **Qualification** | | **Year** | | **Location** | | | |
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| *Kindly attach most recent certificate of relevant qualification with the form.* | | | | | | | | |
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| |  |  |  | | --- | --- | --- | | **REGISTRATION** |  | **Leadership and Management for Early Childhood Settings** | |  |  |  | | | | | | | | | |
| **Getting To Know You**  **Please make sure that you elaborate your answers.** | | | | | | | | |
| *What do you most enjoy about working with young children?* | | | | | | | | |
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| *What are the main challenges you face in your work environment and who or what helps you to resolve your current difficulties or challenges?* | | | | | | | | |
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| *Why are you taking the IPC Level 5 Teacher Training Course?* | | | | | | | | |
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| *Who is the one person in your life, who has inspired you and how has that affected you personally?* | | | | | | | | |
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| **REGISTRATION** |  | **Leadership and Management for Early Childhood Settings** |

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| *What are your career goals? Please elaborate both short term and long term goals.* |
| ***Short Term (2 years)*** |
| ***Long Term (5 years)*** |
|  |
| *How do you think taking the IPC Leadership and Management – Level 5 program will help you achieve these goals.* |
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| *Do you have any concerns about the learning process?* |
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