



# Registration Form

## Part I: General Information

Please place a checkmark beside the course in which you wish to register

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-departure course            | <input type="checkbox"/> Debriefing and reintegration to Canada workshop             |
| <input type="checkbox"/> Pre-departure course for intern | <input type="checkbox"/> Debriefing and reintegration to Canada workshop for interns |

Language of the course

- English       French

Date of the course (see the calendar)

Full Name

Spouse or Accompanying Adult

Will your spouse be seeking to

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Work  | <input type="checkbox"/> Volunteer in the destination country? |
| <input type="checkbox"/> Study | <input type="checkbox"/> Other                                 |

Accompanying Children (Please List Names, Age and Gender)

Mailing Address (for documents to be sent by courier)

Permanent Address

Tel. (corresponding to mailing address)

Tel.

Tel. (work)

Fax

Fax

E-Mail

E-Mail

Project Information - This information must be fully completed. If necessary, please contact your Executing Agency for assistance.

Project Title

CIDA Project No

CIDA Officer Responsible for the Project

Tel.

Fax

CEA Contact

Tel.

Fax

Departure Date (D/M/Y)

Destination (Country and City or Town)

Duration of stay

For additional information, please contact us at: 1-800-852-9211 or (819) 997-1197 or fax us at 1-877-723-1604 or (819) 997-5409

- Registration subject to approval
- Course delivery subject to sufficient enrolment
- Location of course to be determined by CIL





# Registration Form

## Part II: Summary of Needs

[to be completed by the participant]

Please take the time to complete this survey as it will help us respond to your questions or concerns during your upcoming course.

Full name

Current occupation in Canada

Destination (city, country)

Tel. (work)

Tel. (home)

Email address

Brief personal history (e.g. B.A. Geography 1988, 7 yrs. work experience)

Please describe your job/role while on this international assignment

At what stage of the project will you be working: inception, start-up, implementation or wrap-up?

Will you be working as part of a project team?

Yes

If yes, No. of Canadians \_\_\_\_\_

No. of local counterparts \_\_\_\_\_

No

Have you had previous experience working and/or living in another country?

Yes

If yes, please specify when, the location, the length of stay

No

Have you attended previous pre-departure or intercultural effectiveness programs

Yes

If yes, please specify when and with which organization

No

Do you have any concerns about living and working overseas?

Professional:

Personal:

Health:

Security:

Other:

What would you like to achieve during this pre-departure program?

What steps have you taken thus far to prepare for your international assignment?

Are there any issues which you would like to discuss directly with one of our Training Programs Coordinators?

Yes

No

If yes, please give us a number where you can be reached between 9:00 am to 5:00 pm EST: \_\_\_\_\_

please fax the completed registration form to (819) 997-5409 or 1-877-723-1604 or by e-mail at [cultures@dfait-maeci.gc.ca](mailto:cultures@dfait-maeci.gc.ca)

Incomplete registration forms will not be accepted • Thank you for your cooperation

