******World ParaVolley Level 1 Classification Course**

**March 23-28, 2018 – Jeju City, South Korea**

**Candidate Registration Form – Deadline 16 February 2018**

**COURSE FEE PAYMENT – DEADLINE: 16 February 2018**

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| **Participant’s Personal Information** | | | | | | | |
| **FAMILY Name:** | | | **GIVEN Name(s):** | | | | |
| **Nationality:** | | | **Gender:** | | | | |
| **Passport #:** | **Expiry date:** | | | | | | **Place of issue:** |
| **Date of Birth:** | | **Place of Birth:** | | | | | |
| **Profession:** | | | |
| **Contact Information** | | | | | | | |
| **Primary Address:** | | | | | | | |
| **Home Phone:** | | | | | **Mobile:** | | |
| **E-mail address:** | | | | | **SKYPE Name:** | | |
| **Languages Spoken:** | | | | | | | |
| **Profession and Qualifications** | | | | | | | |
| **Highest Medical Qualification:** | | | | | | | |
| **Level:** | **Year:** | | | | | **Country:** | |
| **Relation to NPC / NF** | | | | | | | |
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| **Attachments** | | | | | | | |
| **Resume / CV:  Proof of Qualification:**  ***Please provide a copy of your Medical or Physiotherapy Degree, License to Practice, and Curriculum Vitae*** | | | | | | | |

I hereby confirm that all information provided above is true and correct. I will conform to the Rules & Regulations of the Course. I fully understand that my participation is at my own risk in all respect and will not hold World ParaVolley or the LOC responsible for any mishaps, accidents, etc. I promise to ensure the full fees as advertised in the invitation letter are paid, to complete the full duration of the course and to undergo all evaluations conducted.

**Participant Signature:**       **Date:**

**CERTIFICATION / VERIFICATION**

**(by World ParaVolley Member, NPC, or National Volleyball Federation)**

The World ParaVolley Member Nation, NPC or Volleyball Federation supports the above candidate to participate in the World ParaVolley Level 1 Classification course – March 23-28, 2018 – Jeju City, South Korea.

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|  | *Official Seal of the WPV Member,*  *NPC or National VB Federation*  ***Federation Name:*** |
| *(Signature of Official)*  **Name:**  **Function:**  **Date:** |

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| --- | --- |
| **IMPORTANT: Please return the Registration Form by e-mail by 16 February 2018 to:** | |
| **Ms. Malsoon Jung, KOVAD**  **Ms. Jurate Kesiene, Course Instructor**  **Ms Jenni Cole, Course Instructor**  **Dr. Jinzhong Ma, PVAO Classification Chair**  **Ms. Louise Ashcroft, World ParaVolley Medical Director**  **Mr. Phil Allen, World ParaVolley General Manager**  **Mr. Denis Le Breuilly, World ParaVolley Sport Director** | [volleykr@naver.com](mailto:volleykr@naver.com)  [jurate.kesiene@santa.lt](mailto:jurate.kesiene@santa.lt)  [jenni.anne.1967@gmail.com](mailto:jenni.anne.1967@gmail.com)  [majinzhong007@sina.com](mailto:majinzhong007@sina.com)  [medicaldirector@worldparavolley.org](mailto:medicaldirector@worldparavolley.org)  [generalmanager@worldparavolley.org](mailto:generalmanager@worldparavolley.org)  [sportdirector@worldparavolley.org](mailto:sportdirector@worldparavolley.org) |