******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** |
|       |
|       |
| **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 jurate.kesiene@santa.lt jenni.anne.1967@gmail.commajinzhong007@sina.commedicaldirector@worldparavolley.org generalmanager@worldparavolley.orgsportdirector@worldparavolley.org |