**“Training of Trainers” ToT for Drug Treatment Professionals on**

**Universal Treatment Curriculum Advance Courses 9-15”**

**Registration Form**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Highest Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Cell Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **S NO** | **Particular**  | **Yes/No** | **Certificates Attached Yes/No** | **List of certificates**  |
| **1** | Have attended UTC ToT on all basic courses 1-8.  |  |  |  |
| **2** | ICAP-1 certified  |  |  |  |
| **3** | 16 years of Education & Subject of specialization |  |  |  |
| **4** | Three years or more experience of providing services to the drug dependence treatment, provide an experience certificate/letter |  |  |  |
| **5** | Have conducted one round of UTC basic courses 1-8 training, priority will be given the UTC Trainers.  |  |  |  |

Note: Please send us your updated CV along with this filled registration form.