



WORKSHOPS APPLICATION
FORM

Surname or family name	Title Mr/Mrs/Miss/Ms	Gender male female
First name	Nationality	
Moble number	Address for correspondence	
Fax number	Email	
Date of birth Day Month Year	Workshop applying for:	
What do you hope to gain from this workshop?	How did you hear about this workshop?	

Signature of Applicant	Date Day Month Year
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Whilst every care will be taken to ensure that this workshop is conducted in a safe manner and environment, Tashkeel cannot be held responsible for any accidents or injuries that may be caused as a result of participation in this workshop.