



Schizophrenia Research  
Foundation



Co-sponsored by WAPR IC

Vocational Rehabilitation workshop- 4 November 2017

Registration Form

Name of the participant:

Address for communication:

Contact number:

Email id:

Qualification :

Name of the employing organization:

Participant's years of experience in mental health:

Title of the job held in the organization:

Roles and Responsibilities:

Do you personally deliver vocational rehabilitation: Yes/No

If yes how long have you been delivering vocational rehabilitation?

Have you already undergone any training in vocational rehabilitation: Yes/No

If yes, please provide details of training organization and duration of training:

Why would you like to attend this workshop?

**Registration fee: Rs. 1000/- only.**

Payments should be made as Cheque/DD only drawn in the name of

**Schizophrenia Research Foundation (India)**

Please send completed forms and the registration fee to

Schizophrenia Research Foundation  
R/7 A, North Main Road  
Anna Nagar West extension  
Chennai 600101