Registration Form

If you want to be part of the selection process you should send an e-mail to:
e-learning@protectioninternational.org, with a subject line of: ‘Security Course,
and answer the following questions

|  |  |
| --- | --- |
| 1. Name and Surname:Gender (please tick one of the options)
 |      [ ]  Woman [ ]  Man [ ]  Woman Trans [ ]  Man Trans [ ]  Non-binary personality[ ]  Other |
| 1. Country
 |       |
| 1. City
 |       |
| 1. E-mail
 |       |
| 1. Course you want to participate in
 |       |
| 1. Do you belong to any organisation or institution? (Yes/No)?If the answer is “yes”, please state name of the organisation or institution
 | [ ]  Yes [ ]  No      |
| 1. Which type of organisation or institution do you belong to? (e.g. defenders, humanitarian, educational, etc...)
 |       |
| 1. Where is your organisation’s main office (‘head office’ or ‘headquarters’) located?
 |       |
| 1. Name of the country where you currently reside/live/work
 |       |
| 1. Would you participate in the course as an individual or as an institution (up to 3 people)?
 |       |
| 1. Who will pay for the course, you or your organisation?
 |       |
| 1. What risk level do you consider you are under?: high, medium, low?
 |       |
| 1. Tell us briefly why you are interested in the course and what you do at the moment
 |       |
| 1. Security references (see document 04-Restricted admission)
 |       |
| 1. Where/how did you hear about PI’s courses?
 |       |

Note: “information given here, will only be accesible to PI staff members working on the course, since we acknowledge this information to be private and confidential”.

We will try to accommodate the majority of applicants.

Best wishes,
Ángela Díaz