**REGISTRATION FORM**

**MANAGEMENT AND ASSESSMENT OF VULNERABILITIES**

**JULY, 28- 30, 2025**

**Venue: Kigali- Rwanda| Duration: 3 days**

Name of Candidate: ...................................................................................................................................................

Year of Attendance: ....................................................................................................................................................

Sex: Male 🞎 Female 🞎

Date of Birth: ...............................................................................................................................................................

Mailing Address (Business): .........................................................................................................................................

Country: ...............................................City: ....................................Street: ................................................................

P.O.Box: .......................................................................................................................................................................

Tel :.......................................................(office), ..............................................(cell/mobile) ….………………………………..

Fax: .............................................................................................................................................................................

Email: ....................................................(office) ...................................................(personal) …………………………………..

Name of Institution: ...................................................................................................................................................

Present Position: ........................................................................................................................................................

Number of Years in this Position: ...............................................................................................................................

Main Responsibilities: .................................................................................................................................................

Number of Years in Microfinance: ..............................................................................................................................

Academic Qualification: ..............................................................................................................................................

Year of Graduation: ……………………………………………………………………………………………………………..………………..………………

Area of Study: ………………………………………………………………………………………………………………..………………………………………

Language Proficiency: (Fluent in English 🞎 Yes 🞎 No)

Computer Literate 🞎 Yes 🞎 No

Signature: ............................................................... Date: .........................................................................................

Authorized by (Name): ......................................................... Position: .....................................................................

Tel: .......................................................................Email: ...........................................................................................

Signature: .............................................................. Date: ...........................................................................................