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| **Urban Disaster Risk Reduction for CSOs** | | | | | | |
| **21– 24 February, 2017**  **New Delhi, India** | | | | | | |
| **Personal Details** | | | | | | |
| Full Name (Mr/Ms) |  | | | Email |  | |
| Mailing  Address |  | | | Position/  Designation |  | |
| Company/  Organization |  | |
| Contact No. |  | | | Mobile |  | |
| Experience Relevant to Course: | Organization | Location | Position/Work | | | Duration |
|  |  |  | | |  |
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**Please complete the form by answering the questions.**

1. Do you have a background or qualifications in the training subject or related fields?
2. Do you have experience of working on development issues with communities, governments, NGOs, UN Bodies, others? If yes, please highlight some of these experiences?
3. What kind of projects do you currently handle?
4. What are your expectations from this training?