



International Institute of Humanitarian Volunteers

Givaa Asie-Afrique

tel:+81(0)70 2622 2530

mail givaafoundation@gmail.com

<https://www.givaa-asie-afrique.org/>

REGISTRATION FORM

Annual Humanitarian and Training Academic

Section 1: Personal Information

Field	Details to Provide
Full Name:	_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth:	_____
Nationality:	_____
Country of Residence:	_____
Passport or ID Number:	_____
Email Address:	_____
Phone / WhatsApp:	_____
Postal Address:	_____
Emergency Contact (Name & Phone):	_____

Section 2: Academic Background

Qualification	Institution	Year Completed
Secondary / High School	_____	_____
Undergraduate Degree	_____	_____
Postgraduate Degree (if applicable)	_____	_____
Other Certificates / Diplomas	_____	_____

(Attach copies of relevant certificates or transcripts)



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Section 3: Professional or Volunteer Experience

Organization / NGO	Position / Role	Duration	Main Responsibilities
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4: Program Details

Course Project Management Leadership Community Development

Study Mode Online In-Person Hybrid

Session January April July October

Training Center _____

Scholarship? Yes No

If yes, explain: _____

Section 5: Motivation Statement

Please describe your motivation for joining the GIVAA Training Academic Program.

Section 6: Payment Information

Fee Type	Amount (USD)	Payment Reference	Date Paid
Registration Fee	\$50	_____	_____
Tuition Fee	\$300	_____	_____
Examination & Certification	\$50	_____	_____
Other (if any)	_____	_____	_____
Total Paid	USD _____		



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Payment Methods Accepted:

Bank Transfer / Mobile Money / Western Union / PayPal

(Details will be provided upon application approval.)

Section 7: Declaration

I, the undersigned, certify that the information provided in this form is true and complete to the best of my knowledge. I understand that any false statement may result in rejection or dismissal from the program.

Full Name (in block letters): _____ **Signature:** _____ **Date:** _____

Submission Instructions: Please send this completed form and all required attachments to: admin@givaa-asie-afrique.org

Required attachments: Copy of ID or Passport, Academic certificates, Passport-size photo, Proof of payment