Special Education Professionals

Application for Membership

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| **Titles** | Which **university** or college? Which **country**? | **Year** of obtaining | **Duration**of course |
| **Degree** 1. |  |  |  |
| 2.  |  |  |  |
| **Diploma**1. |  |  |  |
| 2. |  |  |  |
| **Certificates**1. |  |  |  |
| 2.  |  |  |  |
| 3. |  |  |  |

# Languages

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o fluent o basic o little

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o fluent o basic o little

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o fluent o basic o little

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o fluent o basic o little

# If you are NOT a Kenyan National, please fill in the information below.

* How long have you been in Kenya? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How long do you expect to stay in Kenya? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have a work-permit – which type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any other expertise?**

o Facilitating groups

o Management

o Teaching

o Research

o Counselling

o Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Working Experience**

|  |  |  |
| --- | --- | --- |
| Working Experience | Where | How long |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Do you use/follows any specific approach/ theory/ programme? If YES, please specify.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please specify the specific syndromes/conditions that you are familiar with in terms of your work experience.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Syndrome/condition** | **yes/ no** | **mild/ moderate/ severe** | **age-group** |
| Intellectual Challenges | o yes o no | o mild o moderate o severe |  |
| Cerebral Palsy | o yes o no | o mild o moderate o severe |  |
| Muscular Dystrophy | o yes o no | o mild o moderate o severe |  |
| Spina Bifida | o yes o no | o mild o moderate o severe |  |
| Down’s Syndrome | o yes o no | o mild o moderate o severe |  |
| Autism Spectrum Disorder | o yes o no | o mild o moderate o severe |  |
| Speech & Language Disorder | o yes o no | o mild o moderate o severe |  |
| Visual Impairment | o yes o no | o mild o moderate o severe |  |
| Hearing impairment | o yes o no | o mild o moderate o severe |  |
| Learning Disabilities | o yes o no | o mild o moderate o severe |  |
| Behavioural Challenges | o yes o no | o mild o moderate o severe |  |
| Social - Emotional Challenges | o yes o no | o mild o moderate o severe |  |
| Multiple Challenges | o yes o no | o mild o moderate o severe |  |
| Delayed Milestones | o yes o no | o mild o moderate o severe |  |
| Rickets | o yes o no | o mild o moderate o severe |  |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | o mild o moderate o severe |  |

**How do you engage the parents and caregivers in your intervention?**

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**Do you have any experience working within a team with other professionals? Which ones?**

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**Are you affiliated to any particular professional council/ organization?**

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**Have you published any articles, papers, etc.? Please specify.**

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**For how long can you commit yourself to be an active member of SEP?**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Would you be able to do …** |
|  … Assessments | o yes o no |
|  … Lectures | o yes o no |
|  … Workshops | o yes o no |
|  … Trainings | o yes o no |
|  … Support Groups | o yes o no |
|  … Programme Development | o yes o no |
|  … Fundraising | o yes o no |

|  |
| --- |
| **Are you willing to share …** |
|  … Professional Literature | o yes o no |
|  … Programmes | o yes o no |
|  … Tests | o yes o no |
|  … Equipment | o yes o no |
|  … Videos/ Books | o yes o no |

**Please list two referees from your current or former workplace:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments and Suggestions**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this **filled form** back to **sep\_professionals@yahoo.com** or
deliver at the **SEP Office** in **Kitisuru Road 2.5b** (Kihara lane).