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WATER SECTOR TRUST FUND

## Group Registration Form at the WSP for the training of UBSUP SafiSan operators

Version: 2.0

Last Update: August 2017

## Group details

|  |  |
| --- | --- |
| **Detail** |  |
| Name of the organisation |  |
| Number of group members |  |
| Number registering for training |  |
| Area |  |
| Physical Address |  |
| GPS location (offices) |  |
| Certficate of registration |  |
| 1. Contact person: Chairperson (Tel, names)
 |  |
| 1. Contact person: Secretary (Tel, names)
 |  |
| 1. Contact person: Treasury (Tel, names)
 |  |

)1 Select: Self Help Group, Association, none

**Work location**

|  |  |
| --- | --- |
| Indicate in which area you work |  |
| Use own tools (Y/N) | List the tools and equipments (checklist) |
| List own tools and equipment |  |
| Use own protective equipment? (Y/N) |  |
| List own protective clothing |  |
| Are you involved in other activities? )3 Please state which ones |  |
| Additional information |  |
| Vaccination documents (yellow card) (Typhoid, Hepatits B, Cholera, Tetenus) |  |

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Date Signature (if group registration, signature of chairman required)

|  |  |
| --- | --- |
| Registration no.  |  |
| Entered in database (Y/N) |  |
| Registration certificate available (Y/N) |  |
| List of group members (with ID) provided (Y/N) |  |
| NEMA Permit available? (Y/N) |  |
| PH authorisation available (Y/N) |  |
| Ready for training? (Y/N) |  |

**Technical Managers remarks (for official use only)**

|  |  |
| --- | --- |
| Ready for training? (Y/N) |  |

**Sanitation officer (for official use only)**

**Note:**

* No authorisation letter required yet from Public Health
* WSP staff to liase with the PHOs in the low income area about the planned training