



Program Registration Form

The Light Diabetes Organisation

Thank you for your interest in joining our programs. Please complete the following registration form to help us understand your needs and preferences. We look forward to welcoming you to our community!

Personal Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Address:

Street: _____ City: _____

State/Province: _____

ZIP/Postal Code: _____ Country: _____

Contact Information:

Phone Number: _____ Email Address: _____

Preferred Method of Contact:

Phone

Email

Emergency Contact Information:

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

Email Address: _____

Program Selection:

Please select the programs you are interested in: (Check all that apply)

Educational Workshops:

Diabetes Management 101

Advanced Carbohydrate Counting

Healthy Cooking Classes

Exercise and Fitness

Support Groups:

General Support Group

Teen Support Group

Parents Support Group

Health and Wellness Programs:

Nutrition Counselling

Fitness Programs

Stress Management

Youth Programs:

Diabetes Camps

Teen Support Groups

Educational Workshops

Community Outreach Programs:

Free Screening Events

Educational Seminars

Health Fairs

Research and Advocacy Programs:

Research Participation

Advocacy Training

Community Advocacy

Availability:

How often are you available to volunteer?

Once a week

Twice a week

Once a month

Occasionally

Other: _____

Please indicate the days and times you are available:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Additional Information:

Do you have any specific goals or expectations for joining our programs?

Do you have any medical conditions or dietary restrictions we should be aware of?

Yes No

If yes, please explain: _____

Are you currently under the care of a healthcare professional for diabetes?

Yes No

How did you hear about The Light Diabetes Organisation?

Website Social Media Friend/Family

Healthcare Provider Other: _____

Agreement and Signature:

By signing below, I certify that the information provided in this registration form is true and complete to the best of my knowledge. I agree to abide by the policies and procedures of The Light Diabetes Organisation and to participate actively in the selected programs.

Signature: _____ Date: _____

Submit Your Registration:

Please submit your completed registration form to:

✉ Email: info@lightdiabetes.org

Thank you for registering for our programs. We will review your application and contact you soon with further details. If you have any questions, please feel free to reach out to us.

The Light Diabetes Organisation

Email: info@tldo.org

Phone: +234 915 658 5391 or +234 806 374 9174

Address: No 7 Idumu Akpanni Road, Umuidi Quarters, Ibusa, Delta State Nigeria