



Holidays with the FAL – Registration form for accompanying people

I, undersigned, (name, first name):

Address:

.....

Telephone (landline and mobile):

E-mail:

Birth date: **(you must be 18 on the date of the beginning of your stay)**

Would like to participate in the following holiday(s): (write number, date and theme)

(* see note at the bottom of the page)

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.....

Experience in working with people with autism ?

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Has already participated in a holiday with the FAL before:

Yes No

.....

I speak the following languages:

Signature :

***Note:** In order to participate, we need once a year, before the first participation a copy of your **identity card**, a **copy of your driver's license** (if you have one) and an **extract from your criminal record** (Bulletin n°3, to request at Service du Casier Judiciaire, Cité Judiciaire, Plateau du Saint-Esprit - Bâtiment BC in L-2080 Luxembourg, tel. 47.59.81-346 (for Luxembourgers) and to the municipal administration (for the Belgians)).