Web application | Mobile application

Prayaas

Project Team

sense International INDIA
Working with deafblind people

Sense India · Networks

Draft
Project Team

1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

Prayaas registration

Parents · 1 of 4 · Child & parents

Child & parents

Title

Child's first name

Middle name

Last name

Father's first name

Father's name part 2 (FN2)

Father's name part 3 (FN3)

Mother's first name

Mother's name part 2 (MN2)

Mother's name part 3 (MN3)

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Prayaas registration

Parents · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Parents · 3 of 4 · Contact

Contact

Phone 1

Phone 2

Email

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1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

Prayaas registration

Parents · 4 of 4 · Review & workflow

Review registration

Child & parents

Title: Not entered

Child's first name: Not entered

Middle name: Not entered

Last name: Not entered

Father's first name: Not entered

Father's name part 2 (FN2): Not entered

Father's name part 3 (FN3): Not entered

Mother's first name: Not entered

Mother's name part 2 (MN2): Not entered

Mother's name part 3 (MN3): Not entered

Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

Contact

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

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State Coordinator

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2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

Prayaas registration

Parents · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Institution Head

1. Child & parents
2. Address
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Prayaas registration

Parents · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Partner Administrator

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1. Child & parents
2. Address
3. Contact
4. Review & workflow

Networks / Membership registration

Prayaas registration

Parents · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Project Team

1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

Abhi-Prerna registration

Teachers · 1 of 4 · Member & membership

Member & membership

Network form name

Name

Gender

Select

Membership

Present designation

Membership number

Date of birth

dd/mm/yyyy

Age

Membership fee

CRR number

Fee amount

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Networks / Membership registration

Abhi-Prerna registration

Teachers · 2 of 4 · Organisation

Organisation

Organisation name

Duration of support

Office address

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

Abhi-Prerna registration

Teachers · 3 of 4 · Contact & expectations

Contact & expectations

Address

State

District

Mobile number

Alternate mobile number

Email

Expectations from this network

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1. Member & membership
2. Organisation
3. Contact & expectations
4. Review & workflow

Networks / Membership registration

Abhi-Prerna registration

Teachers · 4 of 4 · Review & workflow

Review registration

Member & membership

Network form name: Not entered

Name: Not entered

Gender: Not entered

Membership: Not entered

Present designation: Not entered

Membership number: Not entered

Date of birth: Not entered

Age: Not entered

Membership fee: Not entered

CRR number: Not entered

Fee amount: Not entered

Organisation

Organisation name: Not entered

Duration of support: Not entered

Office address: Not entered

Contact & expectations

Address: Not entered

State: Not entered

District: Not entered

Mobile number: Not entered

Alternate mobile number: Not entered

Email: Not entered

Expectations from this network: Not entered

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Abhi-Prerna registration

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Organisation

Organisation name

Duration of support

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Organisation

Organisation name

Duration of support

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

Udaan registration

Adults with deafblindness · 1 of 4 · Member details

Member details

Udaan registration number

Title

First name

Middle name

Last name

Age

Gender

Select

Condition

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2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

Udaan registration

Adults with deafblindness · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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3. Contact & access
4. Review & workflow

Networks / Membership registration

Udaan registration

Adults with deafblindness · 3 of 4 · Contact & access

Contact & access

Phone 1

Phone 2

Email

Medium of written information

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Udaan

Project Team

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Project Team

1. Member details
2. Address
3. Contact & access
4. Review & workflow

Networks / Membership registration

Udaan registration

Adults with deafblindness · 4 of 4 · Review & workflow

Review registration

Member details

Udaan registration number: Not entered

Title: Not entered

First name: Not entered

Middle name: Not entered

Last name: Not entered

Age: Not entered

Gender: Not entered

Condition: Not entered

Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

Contact & access

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

Medium of written information: Not entered

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3. Contact & access
4. Review & workflow

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Udaan registration

Adults with deafblindness · 2 of 4 · Address

Address

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Address line 3

Town / city

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Adults with deafblindness · 2 of 4 · Address

Address

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Address line 2

Address line 3

Town / city

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Udaan registration

Adults with deafblindness · 2 of 4 · Address

Address

Address line 1

Address line 2

Address line 3

Town / city

Pincode

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Bandhan

Project Team

Sense India · Networks

Draft
Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 1 of 5 · About the member

About the member

The workbook says this number may be used for network communication and support groups. Contact consent is captured separately.

First name

Last name

Date of birth

dd/mm/yyyy

Gender

Select

State / UT

City / district

Email address

WhatsApp / phone number

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Bandhan

Project Team

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Bandhan

Project Team

Sense India · Networks

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 3 of 5 · Education & caregiving

Education & caregiving

Highest level of education completed

Current employment status

Has caregiving affected your education or career?

Select

Are you involved in caregiving for your sibling?

Select

Biggest challenges as a sibling

Support you are looking for from this network

Willing to volunteer or contribute?

Select

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Project Team

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2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 4 of 5 · Agreement & organisation

Agreement & organisation

- [ ] I have read and agree to the above
- [ ] I consent to WhatsApp / phone contact for network updates

Associated partner organisation name

Agreement text referenced by “the above” must be supplied before this declaration can be used.

Back | Save draft | Review registration

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Bandhan

Project Team

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1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 5 of 5 · Review & workflow

Review registration

About the member

First name: Not entered

Last name: Not entered

Date of birth: Not entered

Gender: Not entered

State / UT: Not entered

City / district: Not entered

Email address: Not entered

WhatsApp / phone number: Not entered

Sibling & services

Name of sibling with deafblindness / multiple disability: Not entered

Is your sibling a child or an adult?: Not entered

All disabilities your sibling has: Not entered

Does your sibling receive formal support or services?: Not entered

Education & caregiving

Highest level of education completed: Not entered

Current employment status: Not entered

Has caregiving affected your education or career?: Not entered

Are you involved in caregiving for your sibling?: Not entered

Biggest challenges as a sibling: Not entered

Support you are looking for from this network: Not entered

Willing to volunteer or contribute?: Not entered

Agreement & organisation

I have read and agree to the above: No

I consent to WhatsApp / phone contact for network updates: No

Associated partner organisation name: Not entered

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Submit for verification

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Bandhan

State Coordinator

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Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Bandhan

Partner Administrator

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Partner Administrator

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3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Prayaas

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Prayaas registration

Parents · 1 of 4 · Child & parents

Child & parents

Title

Child's first name

Middle name

Last name

Father's first name

Father's name part 2 (FN2)

Father's name part 3 (FN3)

Mother's first name

Mother's name part 2 (MN2)

Mother's name part 3 (MN3)

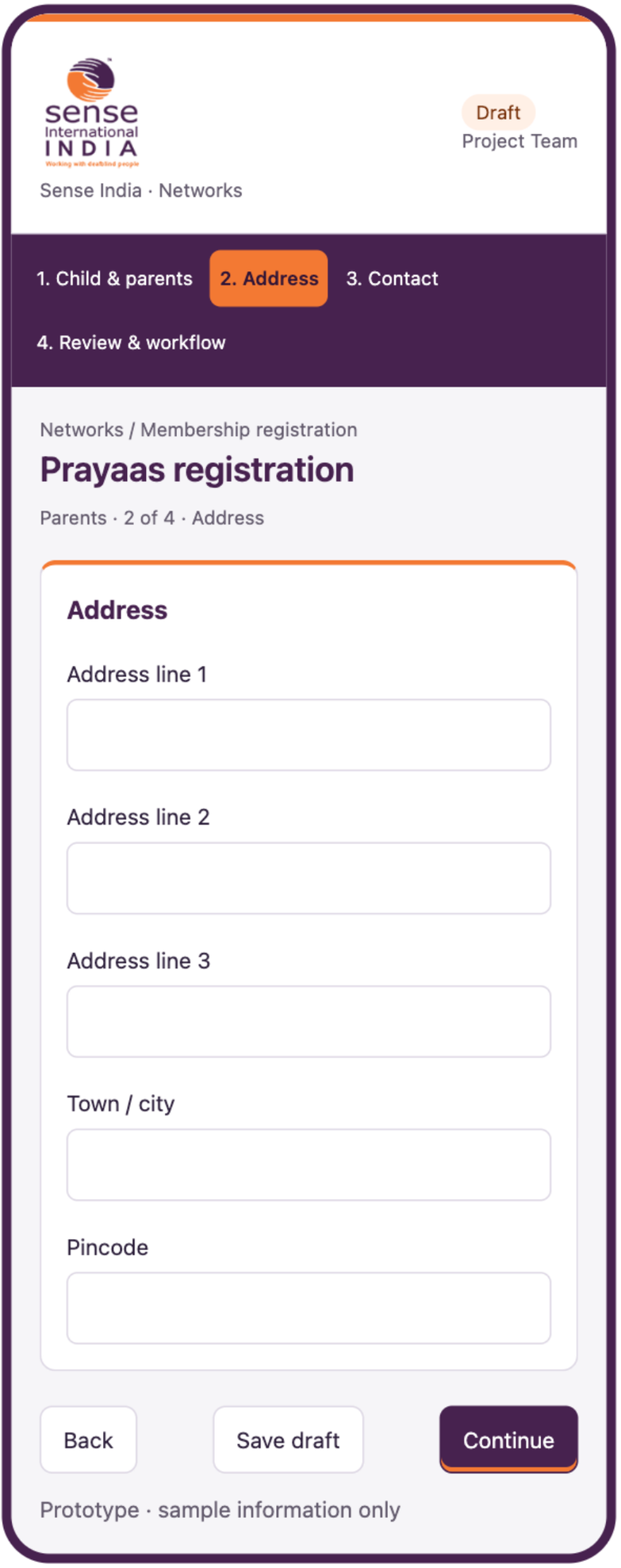
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Project Team



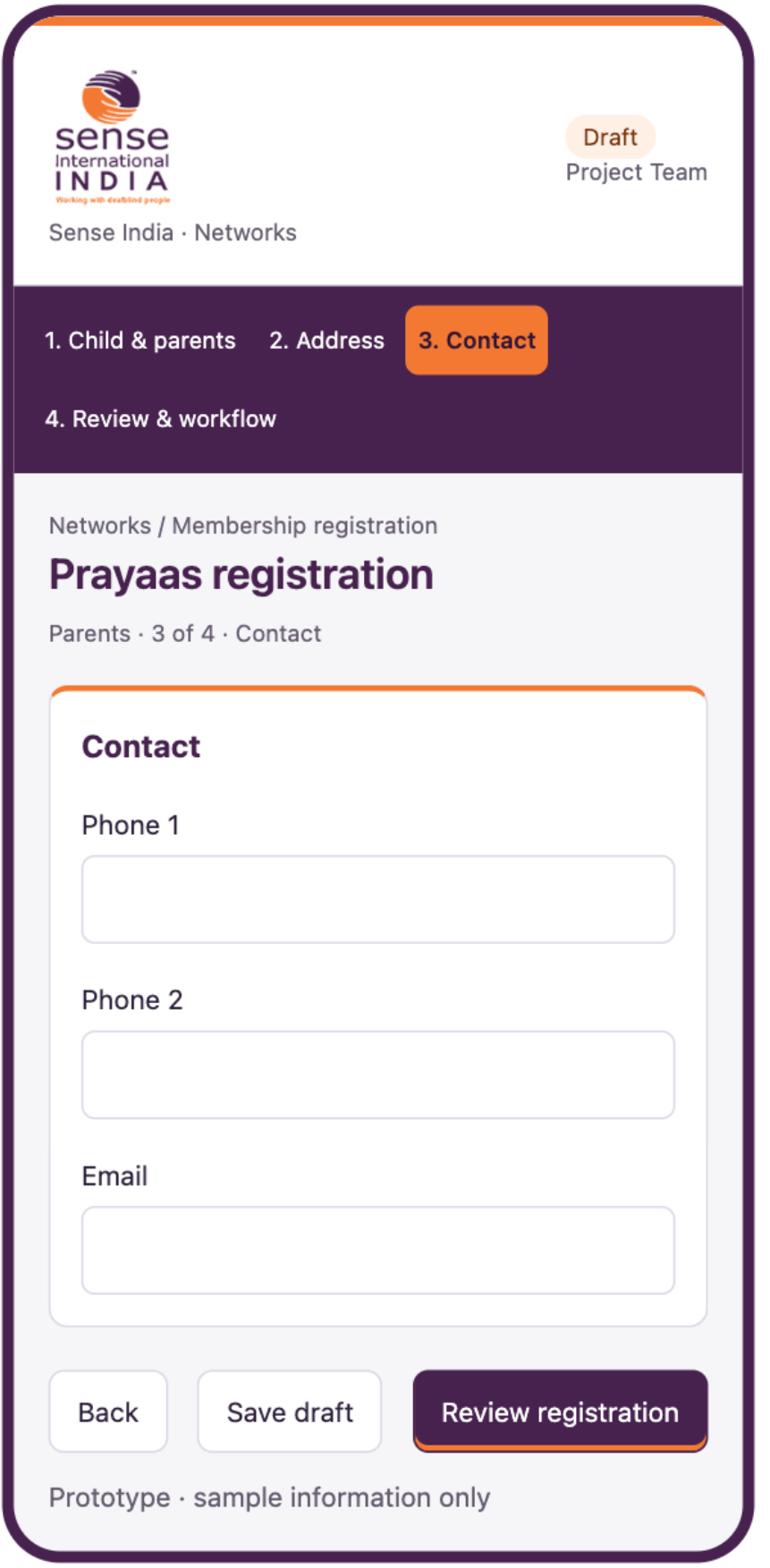
Network Registrations

Mobile | Prayaas - Parents - 3 of 4 - Contact

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Prayaas registration

Parents · 4 of 4 · Review & workflow

Review registration

Child & parents

Title: Not entered

Child's first name: Not entered

Middle name: Not entered

Last name: Not entered

Father's first name: Not entered

Father's name part 2 (FN2): Not entered

Father's name part 3 (FN3): Not entered

Mother's first name: Not entered

Mother's name part 2 (MN2): Not entered

Mother's name part 3 (MN3): Not entered

Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

Contact

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

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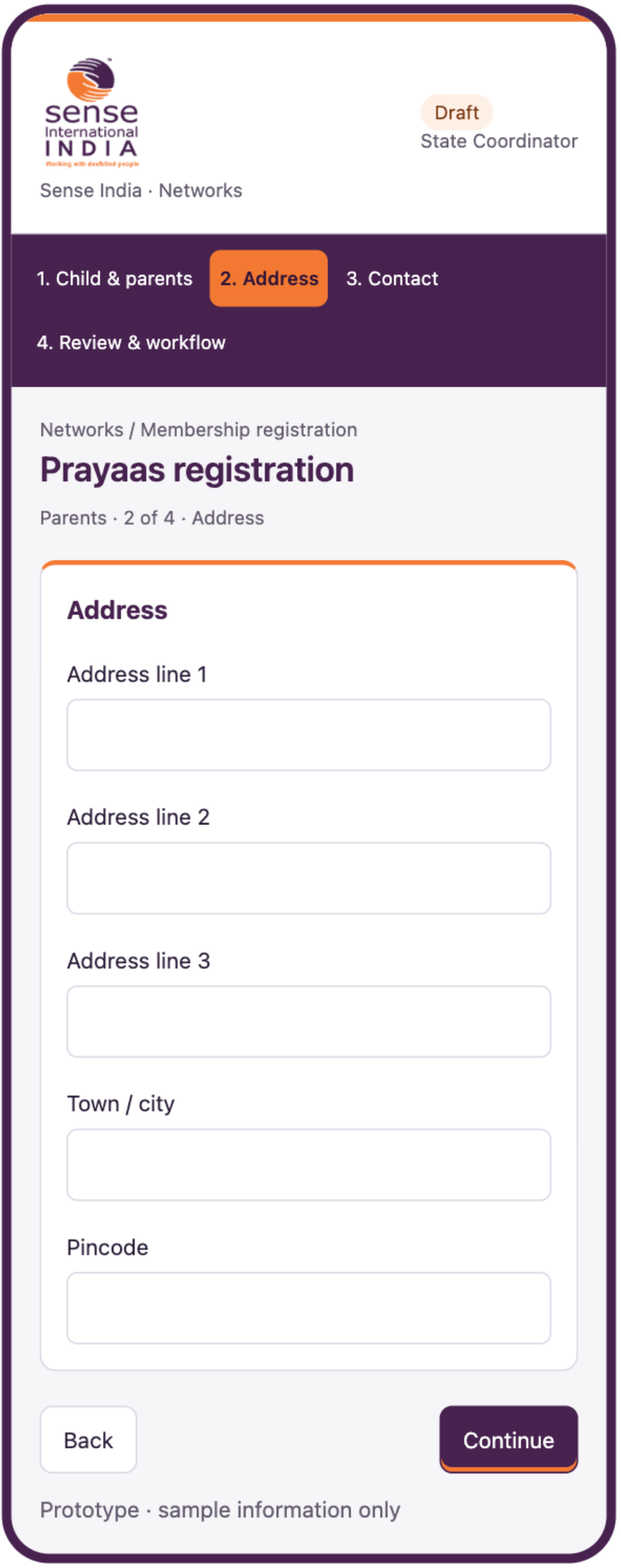
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Prayaas

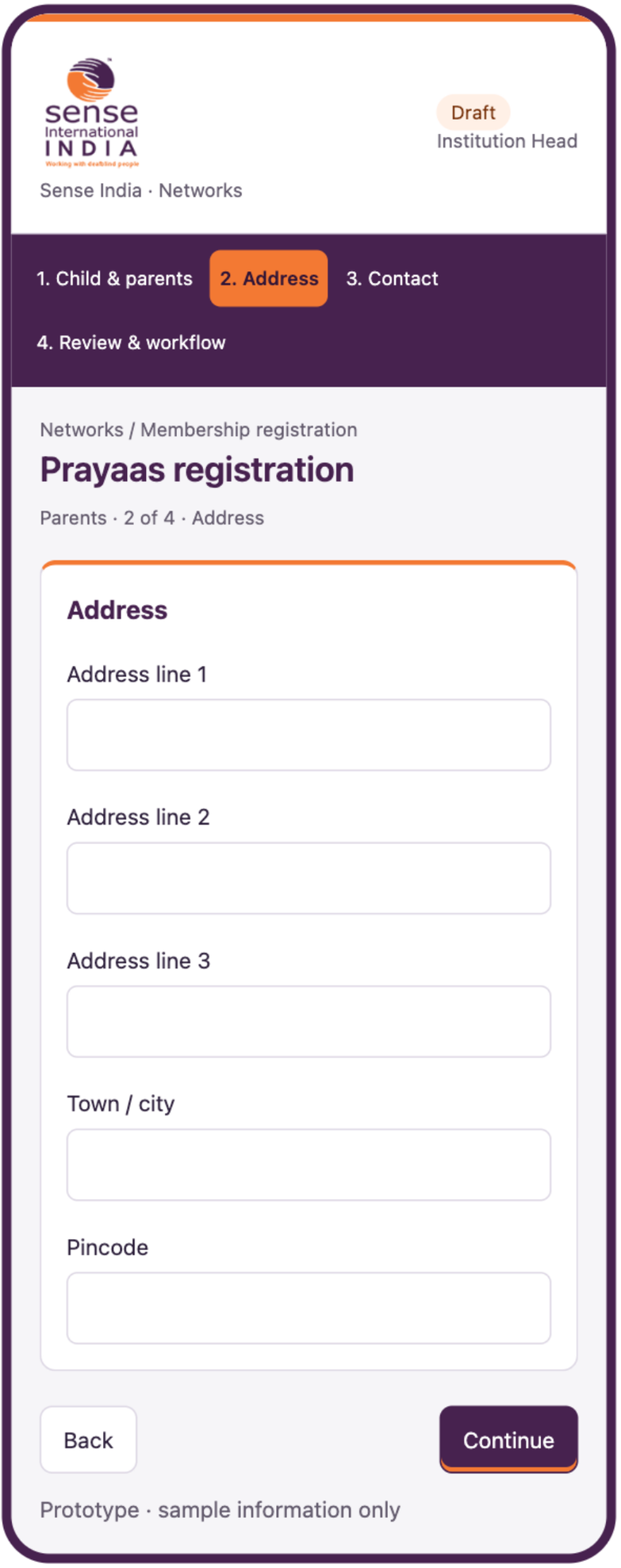
State Coordinator



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Prayaas

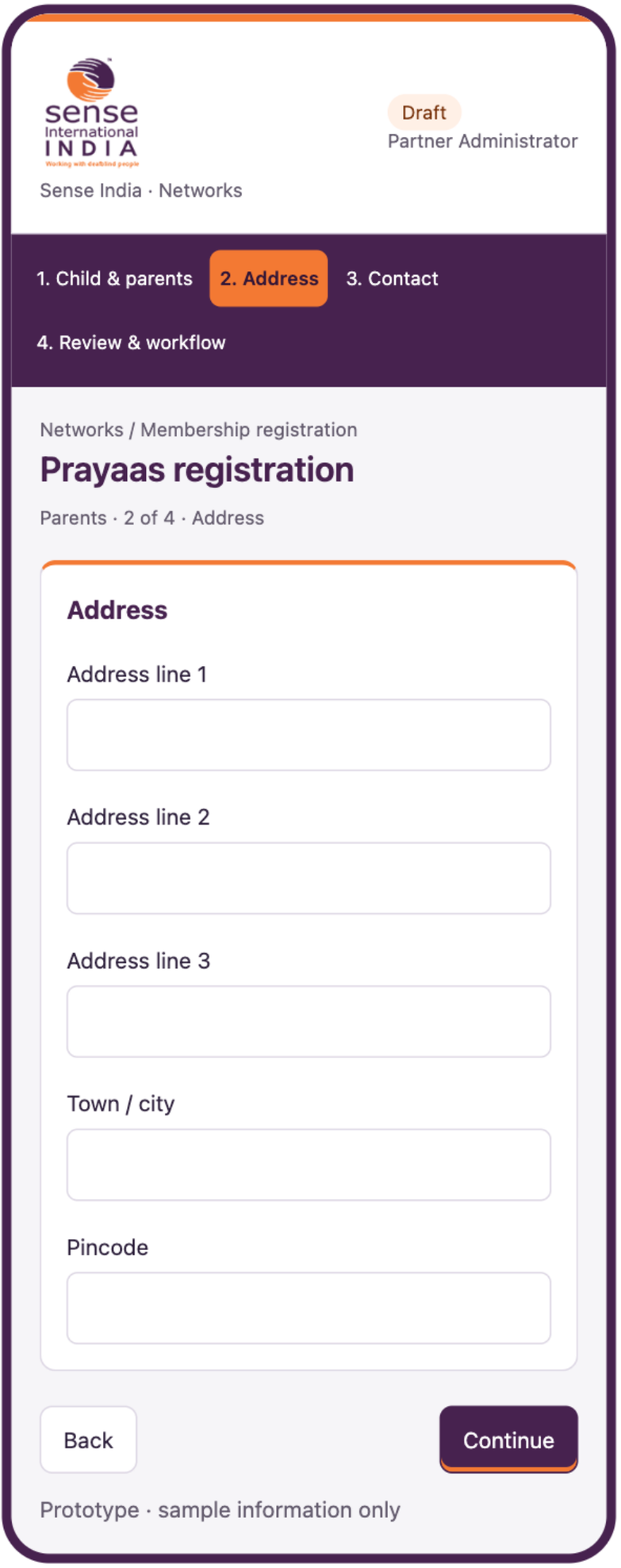
Institution Head



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Prayaas

Partner Administrator



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Networks / Membership registration

Abhi-Prerna registration

Teachers · 1 of 4 · Member & membership

Member & membership

Network form name

Name

Gender

Select

Membership

Present designation

Membership number

Date of birth

dd/mm/yyyy

Age

Membership fee

CRR number

Fee amount

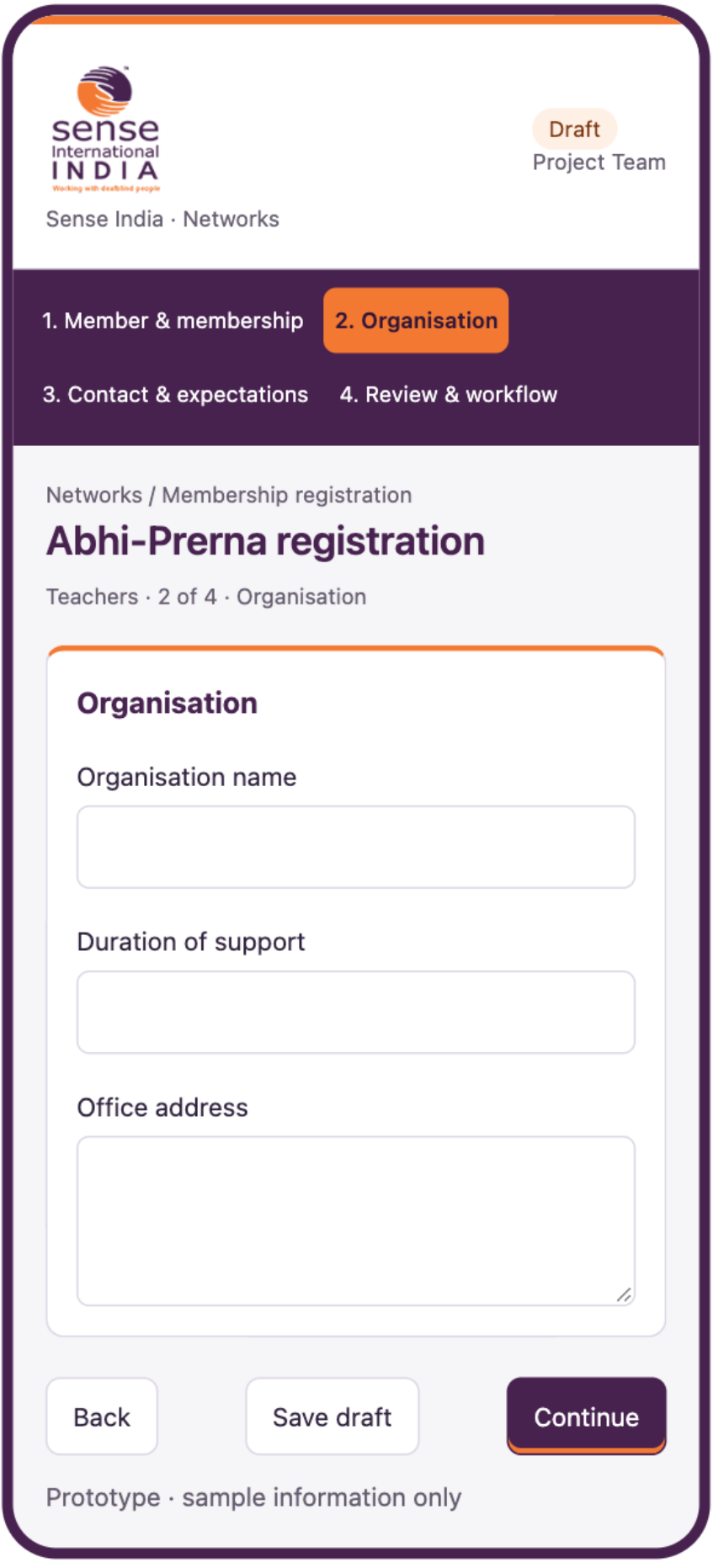
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Teachers · 3 of 4 · Contact & expectations

Contact & expectations

Address

State

District

Mobile number

Alternate mobile number

Email

Expectations from this network

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Abhi-Prerna registration

Teachers · 4 of 4 · Review & workflow

Review registration

Member & membership

Network form name: Not entered

Name: Not entered

Gender: Not entered

Membership: Not entered

Present designation: Not entered

Membership number: Not entered

Date of birth: Not entered

Age: Not entered

Membership fee: Not entered

CRR number: Not entered

Fee amount: Not entered

Organisation

Organisation name: Not entered

Duration of support: Not entered

Office address: Not entered

Contact & expectations

Address: Not entered

State: Not entered

District: Not entered

Mobile number: Not entered

Alternate mobile number: Not entered

Email: Not entered

Expectations from this network: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

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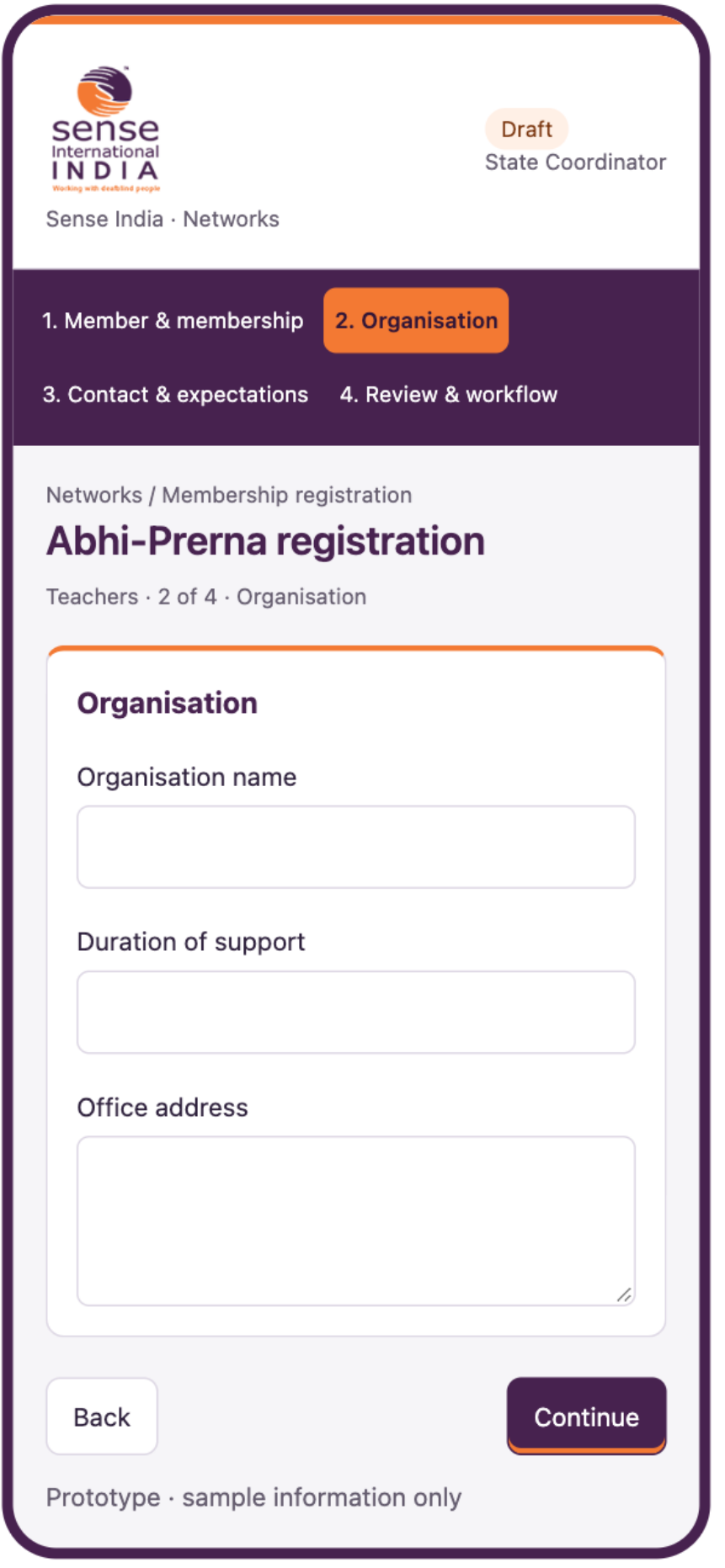
Network Registrations

Mobile | Abhi-Prerna - State Coordinator - role view

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Abhi-Prerna

State Coordinator



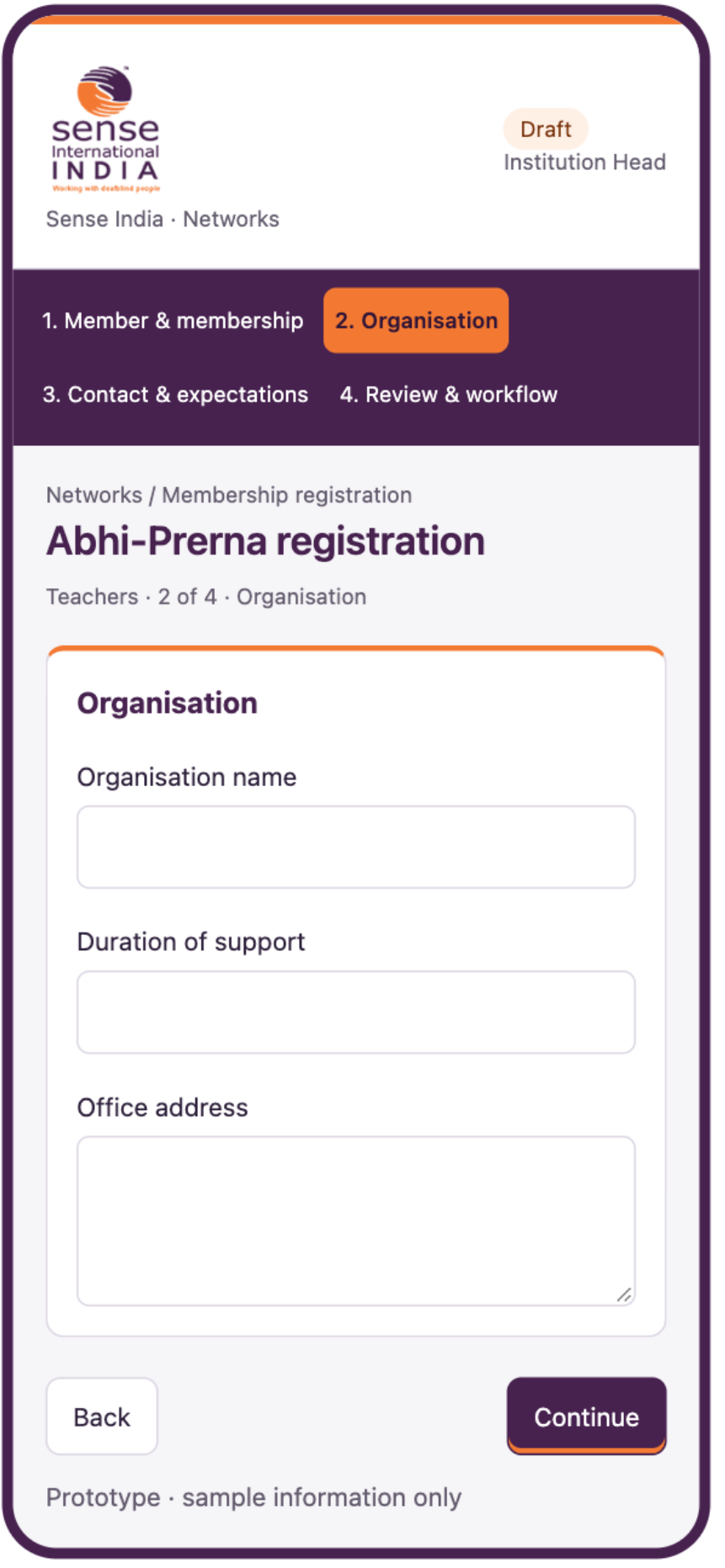
Network Registrations

Mobile | Abhi-Prerna - Institution Head - role view

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Abhi-Prerna

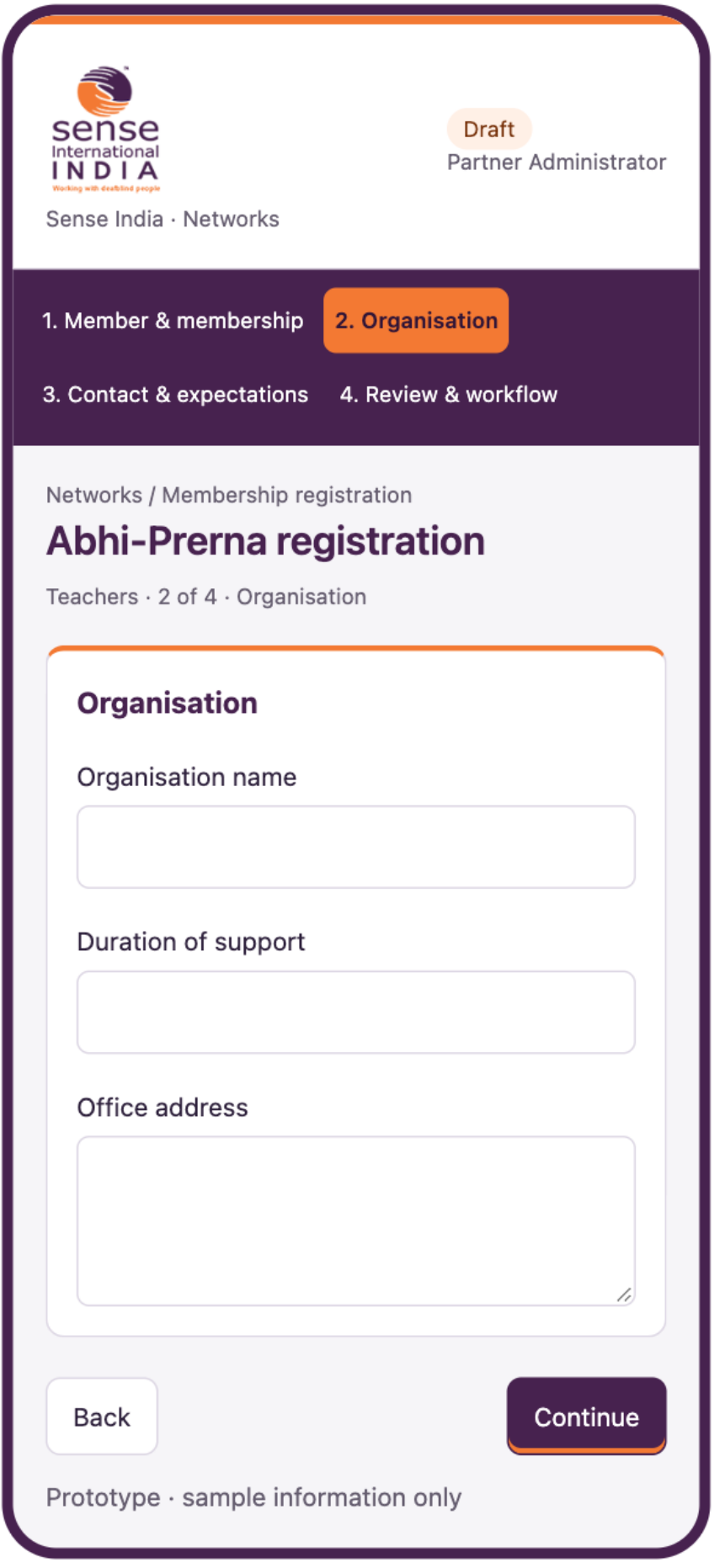
Institution Head



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Abhi-Prerna

Partner Administrator



Network Registrations

Mobile | Udaan - Adults with deafblindness - 1 of 4 - Member details

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Udaan registration

Adults with deafblindness · 1 of 4 · Member details

Member details

Udaan registration number

Title

First name

Middle name

Last name

Age

Gender

Select

Condition

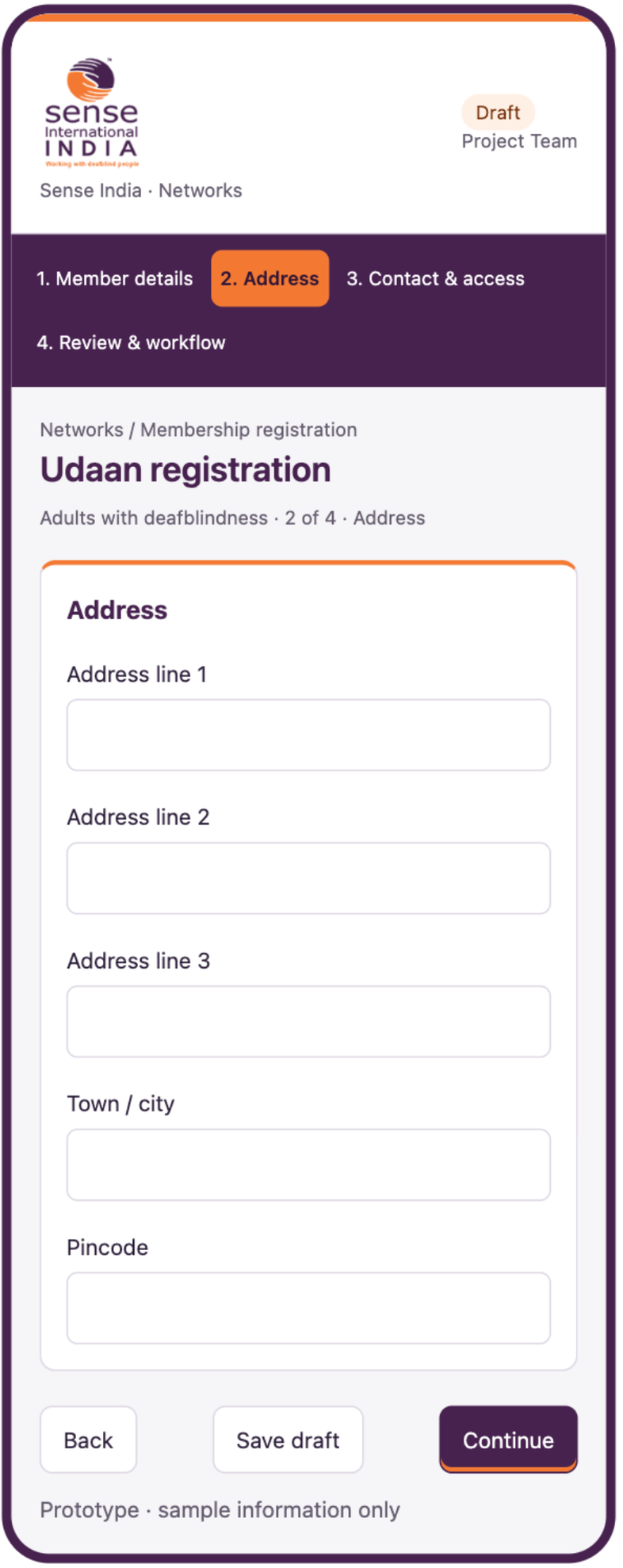
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Project Team



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Udaan registration

Adults with deafblindness · 3 of 4 · Contact & access

Contact & access

Phone 1

Phone 2

Email

Medium of written information

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Networks / Membership registration

Udaan registration

Adults with deafblindness · 4 of 4 · Review & workflow

Review registration

Member details

Udaan registration number: Not entered

Title: Not entered

First name: Not entered

Middle name: Not entered

Last name: Not entered

Age: Not entered

Gender: Not entered

Condition: Not entered

Address

Address line 1: Not entered

Address line 2: Not entered

Address line 3: Not entered

Town / city: Not entered

Pincode: Not entered

Contact & access

Phone 1: Not entered

Phone 2: Not entered

Email: Not entered

Medium of written information: Not entered

Draft → Submitted → Verified → Approved

Submit for verification

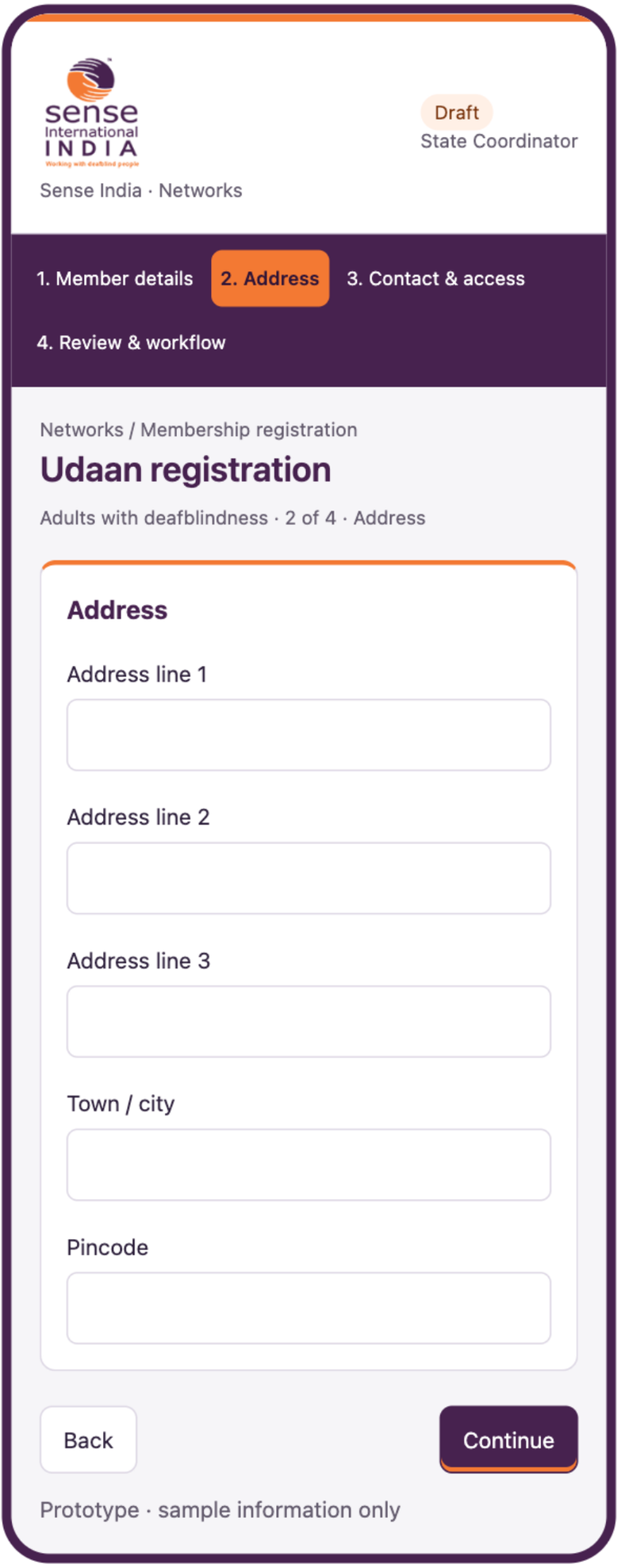
Back | Save draft

Prototype · sample information only

Web application | Mobile application

Udaan

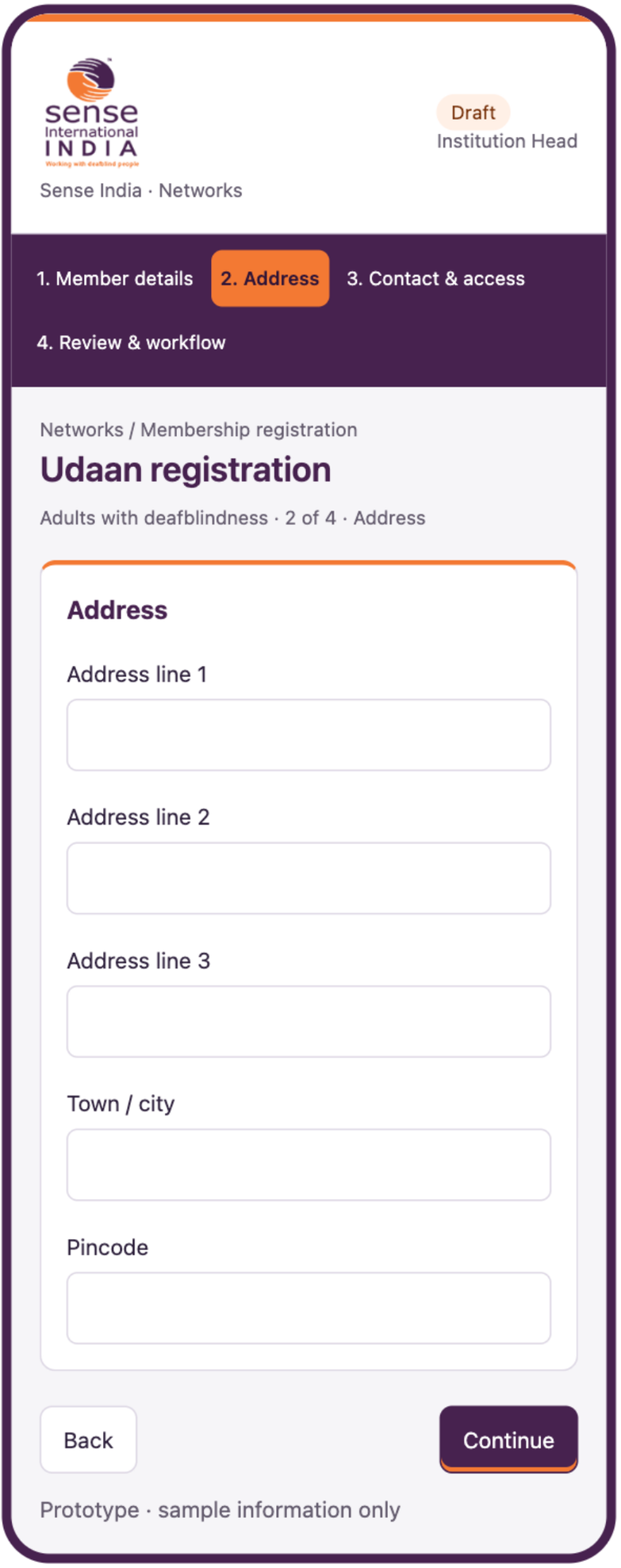
State Coordinator



Web application | Mobile application

Udaan

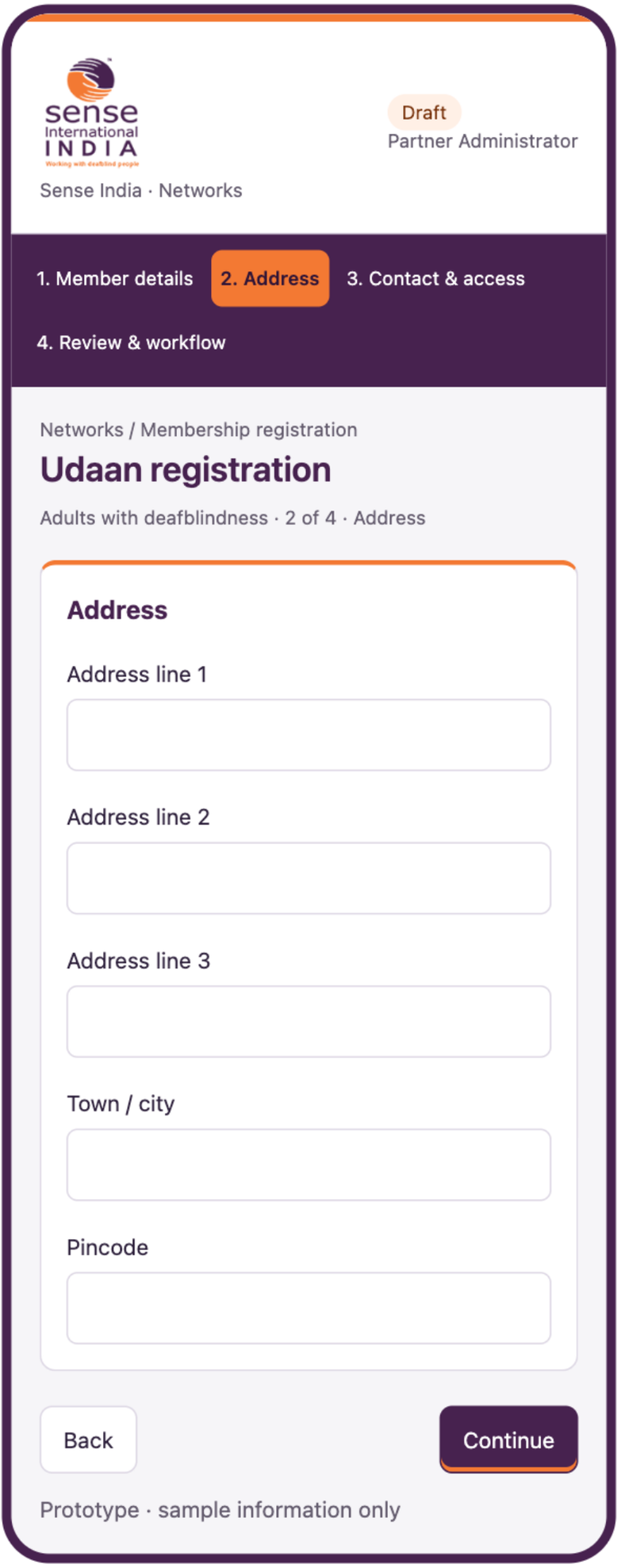
Institution Head



Web application | Mobile application

Udaan

Partner Administrator



Web application | Mobile application

Bandhan

Project Team

sense International INDIA

Working with deafblind people

Sense India · Networks

Draft

Project Team

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 1 of 5 · About the member

About the member

The workbook says this number may be used for network communication and support groups. Contact consent is captured separately.

First name

Last name

Date of birth

dd/mm/yyyy

Gender

Select

State / UT

City / district

Email address

WhatsApp / phone number

Back | Save draft | Continue

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Network Registrations

Mobile | Bandhan - Siblings - 2 of 5 - Sibling & services

Web application | Mobile application

Bandhan

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1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

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Prototype · sample information only

Web application | Mobile application

Bandhan

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Project Team

1. About the member
2. Sibling & services
3. Education & caregiving
4. Agreement & organisation
5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 3 of 5 · Education & caregiving

Education & caregiving

Highest level of education completed

Current employment status

Has caregiving affected your education or career?

Select

Are you involved in caregiving for your sibling?

Select

Biggest challenges as a sibling

Support you are looking for from this network

Willing to volunteer or contribute?

Select

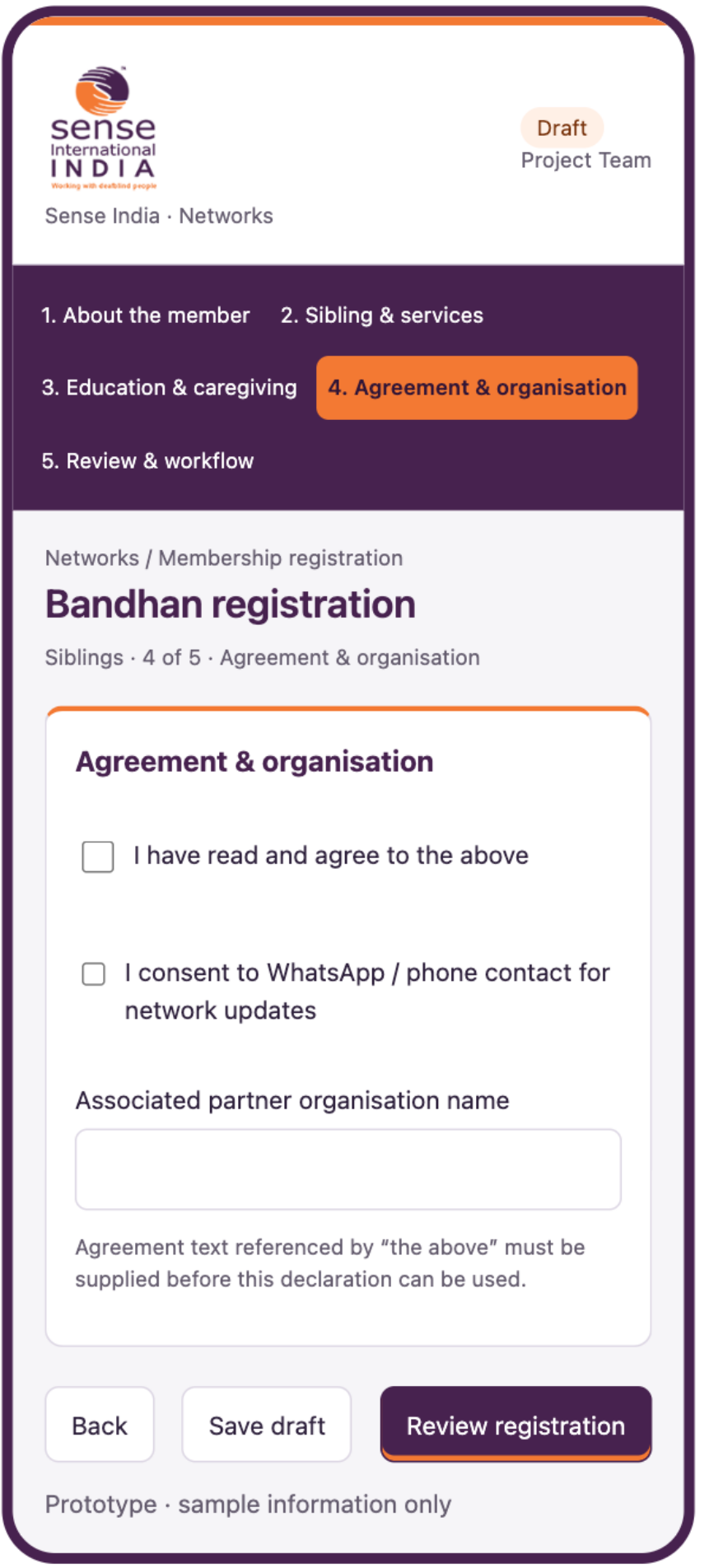
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Prototype · sample information only

Web application | Mobile application

Bandhan

Project Team



Web application | Mobile application

Bandhan

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Project Team

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 5 of 5 · Review & workflow

Review registration

About the member

First name: Not entered

Last name: Not entered

Date of birth: Not entered

Gender: Not entered

State / UT: Not entered

City / district: Not entered

Email address: Not entered

WhatsApp / phone number: Not entered

Sibling & services

Name of sibling with deafblindness / multiple disability: Not entered

Is your sibling a child or an adult?: Not entered

All disabilities your sibling has: Not entered

Does your sibling receive formal support or services?: Not entered

Education & caregiving

Highest level of education completed: Not entered

Current employment status: Not entered

Has caregiving affected your education or career?: Not entered

Are you involved in caregiving for your sibling?: Not entered

Biggest challenges as a sibling: Not entered

Support you are looking for from this network: Not entered

Willing to volunteer or contribute?: Not entered

Agreement & organisation

I have read and agree to the above: No

I consent to WhatsApp / phone contact for network updates: No

Associated partner organisation name: Not entered

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Submit for verification

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Prototype · sample information only

Network Registrations

Mobile | Bandhan - State Coordinator - role view

Web application | Mobile application

Bandhan

State Coordinator

sense International INDIA
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Draft
State Coordinator

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

Prototype · sample information only

Network Registrations

Mobile | Bandhan - Institution Head - role view

Web application | Mobile application

Bandhan

Institution Head

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Working with deafblind people

Sense India · Networks

Draft
Institution Head

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

Prototype · sample information only

Network Registrations

Mobile | Bandhan - Partner Administrator - role view

Web application | Mobile application

Bandhan

Partner Administrator

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Working with deafblind people

Sense India · Networks

Draft
Partner Administrator

1. About the member | 2. Sibling & services | 3. Education & caregiving | 4. Agreement & organisation | 5. Review & workflow

Networks / Membership registration

Bandhan registration

Siblings · 2 of 5 · Sibling & services

Sibling & services

Name of sibling with deafblindness / multiple disability

Is your sibling a child or an adult?

Select

All disabilities your sibling has

Does your sibling receive formal support or services?

Select

Back | Continue

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