

Watly Foundation Participant Application

Participant Information

Participant's contact information	
Name	
Date of Birth	
Phone Number	
Email Address	
Employment Status	<input type="checkbox"/> Employed, Company: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Student, School: _____
Disability Details	
Parent or legal guardian's information if participant is minor	
Name	
Phone Number (Day)	
Phone Number (Night)	
Email Address	

What kind of support can we help you with?

- Therapy session/consulting
- Financial support for professional treatment
- Group therapy
- Youth mental health resource
- Others: _____