

COMMUNITY SKILLS DEVELOPMENT PROGRAMME – APPLICATION FORM

Surname Name: Given Name:

Other(s) *(All names should appear as are on identification documents)*

Date of Birth: Nationality:

If refugee, indicate registration status:

Gender: Phone Number:

Alternative Contact: Email Address:

Address:.....

.....
(Please include your current district and area of residence)

Highest Level of Education:

Qualification Obtained:

Any other certification(s) obtained:

Skill(s) of interest to be trained in (you can select a maximum of three (3)):

- | | |
|---|---|
| <input type="checkbox"/> Making Liquid Soap | <input type="checkbox"/> Yoghurt Production |
| <input type="checkbox"/> Baking and Confectionery | <input type="checkbox"/> Craft Making |
| <input type="checkbox"/> Making Briquettes | <input type="checkbox"/> Crocheting |
| <input type="checkbox"/> Basic Computer Skills | <input type="checkbox"/> Bag Making |

Disability Status:

Disabled: Yes No.

If disabled, state nature of disability:

Current status of employment: Employed Self-employed Unemployed

I desire to use the skills of interest for:

Seeking employment Self-employment Personal use.

By filling and submitting this application form, I confirm that all the information provided above is correct to the best of my understanding, and with this I pledge to abide by the terms and conditions of this training programme.

Date filled: Signature: