GTTI/YEP SKILLS FOR YOUTH EMPLOYMENT TRAINING

APPLICATION FORM

FORM No.…………

1. **PERSONAL INFORMATION**

**Last Name** ……………………………………………………………….

**First Name** ……..…….………………………………………………..

Date of Birth ……………………………………………………………

Age …………………………………………………………………………

Gender: Male  Female 

Marital Status: Single  Married 

Phone Number ………………………………………………………..

E-Mail Address ………………………......................................

Home Address: ….…….…………………………………………………

………………………………………………………………………………..

Region: ……………………………………………………………………

Nationality: ………………………………………….....................

Name of Parent / Guardian ……………………………………..

Phone Number: ………………….………………………………..... ……….....................................................................

**2. PREVIOUS TRAINING/EDUCATION**

|  |  |  |
| --- | --- | --- |
| **No** |  **INSTITUTION /ORGANISATION**  | **YEAR** |
| **FROM** | **TO** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

3. a. Are you currently employed? Yes  No 

 b. If yes, how long you been employed? …………………..

4. a. Are you currently operating a business?

 b. What type of business is it?

…………………………………………………………………………… ……………………………………………………………………………..

5. Which of the following areas would you want to be trained in? Please tick one (**√**)

Block works (compressed Stabilised Earth

Blocks (CSEB) 

Horticulture 

Electrical Installation 

Carpentry and Joinery 

Welding and Fabrication 

Refrigeration and Air Conditioning

6. What do you plan to achieve after your training program? .......................................................................

….…………………………………………………………………………………………………………………………………………………………….

7. Are you willing to commit six months course work-study and six months internship to successfully complete the program? ……. Yes………………….No

**Applicant’s Signature**: ……………………………………….. **Date:** ………………………………………..

NB: Please note that the training will take place only in Julangel, URR