



MINISTRY OF YOUTH EMPOWERMENT
YOUTH AMBASSADORS PROGRAMME
APPLICATION FORM

NAME:

DATE OF BIRTH:

ADDRESS:

GENDER:.....

CONTACT NUMBER:

EMAIL:

HIGHEST LEVEL OF EDUCATION:

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QUALIFICATIONS:

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GROUPS OR ORGANIZATIONS IN WHICH YOU ARE INVOLVED:

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POSITION YOU HOLD IN GROUP OR ORGANIZATIONS:

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HAVE YOU EVER REPRESENTED ANY ORGANISATION INTERNATIONALLY/ REGIONALLY? IF YES, DESCRIBE BRIEFLY:

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SPECIAL TALENTS:

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GIVE THE NAMES AND CONTACT NUMBERS OF TWO (2) PERSONS THAT CAN PROVIDE REFERENCES:

1.

2.

INDICATE YOUR PREFERENCE FOR TRAINING TIMES AND DAYS:

1. 2 weekdays after 4:30pm

2. Weekends Saturday whole day

3. Other suggestion:.....

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SIGNATURE

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DATE