



APPLICATION FOR SKILL TRAINING / EMPOWERMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

Last

First

Middle

Address:

Alternate Address:

Contact Information: ()

Home Telephone

()

Mobile

Email

How did you learn about our NGO?

SKILL TRAINING SOUGHT: _____ **Available Start Date:** _____

EMPOWERMENT EQUIPMENT SOUGHT: _____

Are you currently employed? _____

EDUCATION

Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School		
Specialised Training, Trade School, etc...		
Other Education		

Please list your areas of special skills



Dates Employed	Company's Name	Location	Role/Title

Job notes, tasks performed and reasons for leaving:

REFERENCES

Please give names and address of two referees

- One of the 2 referees must be a minister of religion who will attest to the applicant's character.
- The second referee must have known the applicant for at least five (5) years
- Please note that funds will not be released until the two references are received.

Referee 1	Referee 2
Name:	Name:
Address :	Address:
Telephone No:	Telephone No:
Profession/Occupation:	Profession/Occupation:
Signature:	Signature:
Date:	Date:

Terms and conditions:

- **For skill training funding to continue, all benefactors must complete training to at least 95% level of satisfaction.**
- **Good report from the trainer or facilitator of skill training.**
- **All trained persons will pay 10% of the final skill training and total amount of the purchase of equipment to ToHE after a year of commencing business.**
- **All persons that ToHE purchased an equipment for will pay 10% of purchase price after one year of equipment handover.**



"Promoting Peaceful Coexistence"

- 1. Please fill out completely.**
- 2. Attach a COPY of your Duamenefa Membership Certificate, funeral announcement on your spouse or other documentation to help in the review of your case.**
- 3. Give all documents to your community leader. He will forward to Duamenefa Foundation for review.**

Thank you.