



REPUBLIC OF KENYA KENYA YOUTH EMPLOYMENT AND OPPORTUNITIES PROJECT (KYEOP)			
APPLICATION FORM NO: <i>[Sequence Number As Received]</i>		APPLICATION DATE ____/____/____ <i>Date/Month/Year (e.g.: 20/12/1992)</i>	
SELECT INTAKE COUNTY			
In which county would you like to undertake the project? <i>(Tick (✓) as appropriate). *(Mandatory)</i>		In which sub-county would you like to undertake the project? *(Mandatory)	
Kiambu	<input type="checkbox"/>	Kwale	<input type="checkbox"/>
Kisumu	<input type="checkbox"/>	Mombasa	<input type="checkbox"/>
Kitui	<input type="checkbox"/>	Migori	<input type="checkbox"/>
Mandera	<input type="checkbox"/>	Kilifi	<input type="checkbox"/>
Nyandarua	<input type="checkbox"/>	Kakamega	<input type="checkbox"/>
Wajir	<input type="checkbox"/>	Machakos	<input type="checkbox"/>
Please note that if selected, you will not be able to transfer to another intake county			
SECTION 1: PERSONAL INFORMATION			
First Name *(Mandatory)		Middle Name <i>(Optional)</i>	Surname *(Mandatory)
Sex *(Mandatory) Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: *(Mandatory) ____/____/____ <i>Date/Month/Year (e.g.: 20/12/1992)</i>	
Enter your National ID number (Write only numbers) *(Mandatory if ID is selected) _____			
Confirm National ID number *(Mandatory) _____			
County of Residence *(Mandatory)	Sub-County of residence *(Mandatory)		Ward of residence *(Mandatory)
Marital Status *(Mandatory) Not Married (Includes Single, Deceased Spouse) <input type="checkbox"/> Married <input type="checkbox"/>		Do you have children under 4 years old? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? (Write only numbers) *(Mandatory if selected Yes Ab _____	
Do you have a disability? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> If you have a disability, what type of disability? 1. Deaf/using sign <input type="checkbox"/> 2. Deaf/able to talk <input type="checkbox"/> 3. Blind <input type="checkbox"/> 4. Albinism <input type="checkbox"/> 5. Epilepsy <input type="checkbox"/> 6. Physical Disability <input type="checkbox"/> 7. Mental <input type="checkbox"/> 8. Other <input type="checkbox"/> If Other please Specify *(Mandatory if selected Other above)		For the last 3 (6-physical, 7-mental, 8-other): Does this disability affect your ability to work? *(Mandatory for those who answer physical/mental/other) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how? *(Mandatory if answered yes above) Do you have a card from the National Council for Persons with Disability (NCPWD)? *(Mandatory if you have a disability) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate your NCPWD membership no: *(Mandatory if you have a NCPWD card)	
<small>Disclaimer: I acknowledge that if I do not have the NCPWD card, if the NCPWD does not find me eligible to receive a card, or if KYEOP finds that my disability is not genuine, I will be excluded from the project.</small>			

SECTION 2: CONTACT DETAILS

Applicant Contact Information

<ul style="list-style-type: none"> • Location *(Mandatory) _____ • Sub-Location *(Mandatory) _____ • Village/Estate *(Mandatory) _____ • Street/Road Name *(Mandatory) _____ • Landmark near your location (building name, school, market, church, shopping centre) *(Mandatory) _____ 	Postal address: <i>(optional)</i> _____ _____ Postal Code: <i>(optional)</i> _____ Email address: <i>(optional)</i> _____
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Do you have a mobile phone? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, is it a Smartphone? *(Mandatory if answered yes above) Yes <input type="checkbox"/> No <input type="checkbox"/>	Which phone number can you be reached on? *(Mandatory) <i>(Write only numbers)</i> (+254) _____ Confirm phone number: *(Mandatory) <i>(Write only numbers)</i> (+254) _____ KYEOP will communicate with you via SMS. Please tick below to confirm that the mobile number entered is accurate and that the SIM card will be active throughout the next 8 months. <input type="checkbox"/>
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Alternative Contact

Name of alternative contact person; Full Names *(Mandatory) _____ Relationship to applicant: *(Mandatory) Tick (✓) as appropriate. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:15%;">Father</td> <td style="width:15%;">Sister</td> <td style="width:15%;">Neighbor</td> <td style="width:15%;">Mother</td> <td style="width:15%;">Relative</td> <td style="width:15%;">Husband</td> </tr> <tr> <td>Brother</td> <td>Friend</td> <td>Wife</td> <td></td> <td></td> <td></td> </tr> </table>	Father	Sister	Neighbor	Mother	Relative	Husband	Brother	Friend	Wife				Mobile number: *(Mandatory) <i>(Write only numbers. It should be different from the applicant's phone number)</i> (+254) _____ Email address: <i>(optional)</i> _____
Father	Sister	Neighbor	Mother	Relative	Husband								
Brother	Friend	Wife											

SECTION 3: OCCUPATION STATUS

i) Are you in School or college or university? *(Mandatory) Yes, high school <input type="checkbox"/> Yes, vocational training <input type="checkbox"/> Yes, college <input type="checkbox"/> Yes, university <input type="checkbox"/> No <input type="checkbox"/> ii) If No, which year were you last in school/College? <i>(Write only numbers, e.g.: 2010. Put 0 if you have never been to school)</i> *(Mandatory if answered No above) _____	iii) Are you employed <i>(meaning are you currently working for someone, can be even just a few hours a week, and can be for your family)?</i> *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> iv) If Yes, what kind of employment? *(Mandatory if answered Yes above) Casual/Daily wage <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Unpaid Worker/work in family enterprise <input type="checkbox"/>
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v) Are you self-employed/ (run your own business)? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes to self employment: a) For how long: *(Mandatory) Less than 1 year <input type="checkbox"/> Between 1 and 3 years <input type="checkbox"/> More than 3 years <input type="checkbox"/> b) Is your business registered? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> c) Do you keep a written record of your purchases and sales? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/>	If No to self employment: a) Have you ever run your own business in the past(that is currently not operational)? *(Mandatory) Yes <input type="checkbox"/> No <input type="checkbox"/> b) If you ever run your own business in the past for how long was it operational? <i>(Write only numbers)</i> *(Mandatory if answered yes above) Years: _____ Months (from 1 to 11): _____ c) Why did you stop owning/running the business? Tick appropriately *(Mandatory) It was not profitable so I closed it <input type="checkbox"/> It was not profitable so I sold it <input type="checkbox"/> It was profitable so I sold it <input type="checkbox"/> I found a job as employee <input type="checkbox"/> It was too much work <input type="checkbox"/> I lacked the skills for that business <input type="checkbox"/> I wanted to try a new business <input type="checkbox"/> Maternity/paternity <input type="checkbox"/> I went back to studying <input type="checkbox"/> Other <input type="checkbox"/> d) If selected "other" above, please specify *(Mandatory if other is selected) _____
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<p>vi) Do you intend to start a business? *(Mandatory)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>vii) If Not employed and not self-employed, for how many months have you not been working? (Count from when you have stopped school - Select 0 if you just finished school; and from 18 years of age if never been to school.) *(Mandatory if not employed and not self-)</p> <p>_____</p>	<p>viii) Are you available for training through the next 8 months? *(Mandatory)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>ix) Do you have plans to join any College/University in the next 8 months? *(Mandatory)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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SECTION 4: EDUCATION LEVEL

<p>Have you been to school: *(Mandatory)</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If YES, what is your Highest Level of education: Tick (✓) as appropriate. *(Mandatory if yes is selected)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9ead3;"> <th style="text-align: center;">Qualification</th> <th style="width: 30px;"></th> </tr> </thead> <tbody> <tr><td>Degree Certificate</td><td><input type="checkbox"/></td></tr> <tr><td>University Student</td><td><input type="checkbox"/></td></tr> <tr><td>Diploma Certificate</td><td><input type="checkbox"/></td></tr> <tr><td>Diploma/Vocational Student</td><td><input type="checkbox"/></td></tr> <tr><td>Form 4 Certificate</td><td><input type="checkbox"/></td></tr> <tr><td>Secondary but did not reach Form 4</td><td><input type="checkbox"/></td></tr> <tr><td>Standard 8 Certificate</td><td><input type="checkbox"/></td></tr> <tr><td>Primary but did not reach standard 8</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Qualification		Degree Certificate	<input type="checkbox"/>	University Student	<input type="checkbox"/>	Diploma Certificate	<input type="checkbox"/>	Diploma/Vocational Student	<input type="checkbox"/>	Form 4 Certificate	<input type="checkbox"/>	Secondary but did not reach Form 4	<input type="checkbox"/>	Standard 8 Certificate	<input type="checkbox"/>	Primary but did not reach standard 8	<input type="checkbox"/>	<p>Can you read?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Select language(s) that you can read:</p> <p>English <input type="checkbox"/></p> <p>Kiswahili <input type="checkbox"/></p>	<p>Can you write?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Select language(s) that you can write:</p> <p>English <input type="checkbox"/></p> <p>Kiswahili <input type="checkbox"/></p>
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Primary but did not reach standard 8	<input type="checkbox"/>																			

SECTION 5: AREA OF INTEREST

<p>Choose one option: *(Mandatory)</p>	<p><input type="checkbox"/> Training and internship</p> <p><input type="checkbox"/> Support to start, run or expand your business</p>
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SECTION 6: CONFIRMATION *(Mandatory)****

I..... (Full name) confirm that the information provided here above is true and accurate. I accept that the decision made shall be in line with the eligibility requirements and guided by the operational processes governing the KYEOP selection process.

Signature..... Date.....

Date application received:	MIS Reference number	Stamp	
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