COUNTY GOVERNMENT OF KAKAMEGA



FORM CYSWEP/3/001

MINISTRY OF SOCIAL SERVICES, SPORTS, YOUTH, WOMEN EMPOWERMENT AND CULTURE

COUNTY YOUTH SERVICE AND WOMEN EMPOWERMENT PROGRAMME

APPLICATION FORM FY 2022/2023

PART A - APPLICANT'S DETAILS

1. Name of Candidate as per ID
2. Position Applied for: Youth Service Women Empowerment
3. Home CountyCounty of residence
4. Do you currently live in Kakamega County? Yes No
If you are a resident of Kakamega County, please indicate your:
(a) Sub-County(b) Ward
(c) Community Area
5. What is your (a) tribe(b) Sub Tribe?
6. Gender (M/F)I.D. No/Pass Port No
9. Phone No Alternative Phone No
10. Marital Status
11. Do you have any form of Disability? Yes No If Yes Give Details and the Nature
12. Have you ever worked with the Kakamega County Youth and Women Empowerment Service? Yes No If Yes: (a) What was your Service Number/Station?
(b) Position? Supervisor Team Leader Service Member
13. Highest Academic Qualification (KCPE/KCSE/College/University, etc. indicate NA if No Education history)

PART B: APPLICANT'S DECLARATION

I confirm that the information provided here is true to the best of my knowledge and I further understand that it is an offense to provide false and/or inaccurate information.

Applicant's Signature_____Date_____

PART B - FOR OFFICIAL USE ONLY

The Ward Recruitment Committee's decision on the suitability of the applicant to be enlisted in the County Youth Service and Women Empowerment Programme is as below:

Recommended Not Recommended
Remarks on the decision taken by the Committee (If any)
Decision affirmed by:
1. Ward Administrator (Committee Chairman)
NameDateDate
2. Authorized Officer of the Ministry of Social Services, Sports, Youth, Women Empowerment and Culture (Committee Secretary)
NameDate
N/B
This form is provided Free of charge. Do not pay to obtain or to submit it. Incomplete or partially filled forms shall be disqualified.
Applicants MUST attach the following documents to be considered:
1. Copies Academic Certificates.
2. National ID card or Valid Passport
3. Any other Testimonials or Credentials
The duly filled form should be returned to your Ward Administrator's Office on/or before 8 th June 2023 addressed to:
THE DIRECTOR
KAKAMEGA COUNTY YOUTH AND WOMEN EMPOWERMENT SERVICE

P.O. Box 36 - 50100

KAKAMEGA