

WEZESHA VIJANA UJUZI MASHINANI APPLICATION FORM (TO BE COMPLETED IN BLOCK LETTERS)

SECTION A: APPLICANT INSTRUCTIONS

Thank you for your interest in the **Ujuzi Mashinani Program**. This is an innovative **3-month** mobile, **village-based** vocational training model under the **Wezesha Vijana Program**. It is designed to provide certified, high-quality, and market-driven vocational skills closer to your community. This application form is **NOT FOR SALE** and can be filled online from <https://forms.gle/s7BMYAwho42u7qJq8> or picked from the CRS, Safaricom, Caritas Marsabit, Caritas Isiolo or Ward Administrator's offices.

To apply, please **complete and submit** this application form and attach copies of all required documents. Complete applications can be dropped at **CRS, Safaricom, Caritas Marsabit, Caritas Isiolo or Ward Administrator's offices** by **28th February 2025**. **Only fully completed applications** will be considered.

The Wezesha Vijana Program is committed to **fairness, transparency, and equal opportunity** in the shortlisting process and selection into the program is **competitive**. Please note that submission of this application does not guarantee sponsorship. We look forward to reviewing your application.

Attach Passport Picture Here

SECTION B: BIO DATA

Please complete all the spaces in this section as accurately as possible. Kindly note that any false information will lead to automatic disqualification and withdrawal of the program.

First Name:		Middle Name:	Last Name:
Male	Female	Date of Birth:	Birth Certificate/ID/Passport No: (Attach ID/Passport/Birth Certificate)
County:		Ward:	Village/Estate:
P.O. Box		Postal Code:	Permanent Residence: (Town/Village/Estate, nearest Public Landmark i.e School, Church, Mosque)
Phone Number:	Are you registered with the National Council for Persons with Disabilities?		Do you have any disability accessibility needs? (NB: The response ONLY assists Wezesha Vijana Program take into consideration reasonable accommodation)
Parent/Guardian/Spouse Contact Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
			If YES, please, tick appropriately <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Persons of Short Stature <input type="checkbox"/> Congenital Disabilities <input type="checkbox"/> Persons living with Epilepsy <input type="checkbox"/> Other (Please specify)

Highest Level of Education: (Tick appropriately)	None	Primary (Attach KCPE Certificate/Results Slip)	Secondary (Attach KCPE Certificate/Results Slip)
	College/TVET	Degree	
How did you find out about the opportunity? (Tick appropriately)	Local Radio	CRS/Caritas/Safaricom Staff	Friends & Family
	Local Area/Religious Leaders	Social media/Email	Other (Please specify)

Select your preferred course (Refer to the list of courses offered near you in Annex)	<input type="checkbox"/> Mobile Phone Repair <input type="checkbox"/> Motorcycle Repair <input type="checkbox"/> Web-Design and Mobile Phone Application <input type="checkbox"/> Plumbing
What motivates you to pursue the vocational training course and what are your career or business plans upon graduation?	

SECTION C: DECLARATION AND SIGNATURE BY APPLICANT

Please sign below accepting that you have read this application and can confirm the accuracy of the information provided. By signing below, you consent for your data to be used by the Wezesha Vijana Program team to contact you about this program and other initiatives; and only in an aggregated way and/or anonymously for any external use, donor reporting and marketing purposes¹.

Name of the Applicant:	
Signature:	Date: dd/ mm/ yyyy

SECTION D: RECOMENDATION BY CHIEF/PRIEST/PASTOR OR IMAM

Based on your knowledge why would you recommend this applicant for Wezesha Vijana- Ujuzi Mashinani Program?

Name: Title:	Signature & Stamp:

¹ The information collected shall be processed exclusively within the scope of the applicable statutory provisions of the data protection act, and any other applicable data privacy laws and regulations.

ANNEX: LIST OF TARGET AREAS AND COURSES SPONSORED UNDER THE UJUZI MASHINANI PROGRAM

County	Course	Ward	Ujuzi Centre
Nairobi	Mobile Phone Repair & Maintenance	Dagoretti South	Waithaka Vocational Training Centre
	Motorcycle Repair and Maintenance	Mathare	Mathare Vocational Training Centre
	Digital Marketing and Web Design	Dagoretti South	Waithaka Vocational Training Centre
		Kangemi	Emobilis Institute
Marsabit	Mobile Phone Repair & Maintenance	Central, Sagante/Jaldesa & Karare	Youth Empowerment Center
	Motorcycle Repair & Maintenance	Central,Sagante/Jaldesa & Karare	Youth Empowerment center
		Butiye & Township Ward	Moyale Community Resource Centre
	Digital Marketing and Web Design	Central,Sagante/Jaldesa & Karare	Biashara Centre
		Butiye & Township Ward	Moyale Community Resource Centre
	Plumbing	Butiye & Township Ward	Moyale Community Resource Centre
Isiolo	Mobile Phone Repair & Maintenance	Cherab	Merti Town
		Wabera &Bulapesa (Township)	Isiolo Youth Innovation Center
	Plumbing	Cherab	Merti Town
		Burat	Kambi Turkana Social Hall/Kilimani Primary
	Motorcycle Repair and Maintenance	Bulapesa/Wabera	Bulapesa Social Hall
	Digital Marketing and Web Design	Isiolo Central (Township)	Isiolo Youth Innovation Center