



Attach photograph here

## RURAL YOUTH ECONOMIC EMPOWERMENT PROGRAMME (RYEEP) APPLICATION FORM

| PERSONAL DATA   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Surname:</b>   |  | <b>First Name:</b>  |  | <b>Middle Name:</b>  |  |
| <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>                |  | <b>Date of Birth:</b> ____ / ____ / ____<br>Day / Month Year  |  | <b>State your Age:</b>   | <b>Marital Status:</b> <input type="checkbox"/> Single<br><input type="checkbox"/> Married <input type="checkbox"/> Common Law |
| <b>TRN #:</b>   |  | <b>NID/ DL#</b>   |  | <b>PP#:</b>  |  |
| <b>NIS #:</b>   |  | <b>Are you a registered farmer with RADA?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (specify)<br>(If yes please state your identification number?)<br><b>RADA ID#:</b> |  | <b>Possess a valid Food Handler's Permit#:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (specify)<br>(If yes please state your Permit #)<br><b>Food Handler's Permit#:</b> |  |
| <b>Do you have any disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |  |  |
| <i>If yes please specify-</i>   |  |   |  |  |  |
| <b>Dependents:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  | <b>Number of Dependents:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more   |  | <b>Dependent Type:</b> <input type="checkbox"/> Parents<br><input type="checkbox"/> Children <input type="checkbox"/> Other _____  |  |

|                      |   |   |                       |
|----------------------|---|---|-----------------------|
| <b>Home Address:</b> |   |   |                       |
| <b>Tel. # (H):</b>   | <b>Tel. # (M 1):</b>  | <b>Tel. # (M 2):</b>  | <b>Email address:</b> |
|                      | Is this a Smart Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Whats App Access: <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this a Smart Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Whats App Access: <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |

| <b>Education:</b> (Please indicate with a tick)   |                                    |                                       |  |   |
|---|------------------------------------|---------------------------------------|--|---|
| <b>Are you currently a student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          |                                    |                                       |  |   |
| <i>If yes, please state your course of study.</i>   |                                    |                                       |  |   |
| <i>Expected completion date:</i>  |                                    |                                       |  |   |
| <b>Please describe your LAST course of study by ticking the applicable section</b>                    |                                    |                                       |  |   |
| Level   | Completed                          | Achievements                          | Incomplete<br>(State form/ grade)            |   |
| Primary   |                                    |                                       |  |   |
| Secondary   |                                    |                                       |  |   |
| Tertiary  |                                    |                                       |  |   |
| Vocational  |                                    |                                       |  |   |
| <b>Computer Literacy</b>  |                                    |                                       |  |   |
| <i>Do you know how to use the computer and its software applications?</i>                             |                                    |                                       |  |   |
| <b>Applications</b>   | <b>No</b> <input type="checkbox"/> | <b>Basic</b> <input type="checkbox"/> | <b>Intermediate</b> <input type="checkbox"/> | <b>Advance</b> <input type="checkbox"/> |
| Microsoft Word  |                                    |                                       |  |   |
| Microsoft Excel:  |                                    |                                       |  |   |
| Microsoft PowerPoint  |                                    |                                       |  |   |
| Can you use the internet?   |                                    |                                       |  |   |
| Do you own a computer or have access to one? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                                       |  |   |

| EMERGENCY CONTACT   |           |   |           |
|---|-----------|---|-----------|
| 1. Name:  |           | 2. Name:  |           |
| <input type="checkbox"/> Parent/ Guardian   |           | <input type="checkbox"/> <i>Friend</i>  |           |
| Address (If different from above)   |           | Address   |           |
| Email address:  |           | Email address:  |           |
| Tel (H/ M):<br>Smart Phone <input type="checkbox"/> Yes <input type="checkbox"/> No | Tel. (W): | Tel (H/ M):<br>Smart Phone <input type="checkbox"/> Yes <input type="checkbox"/> No | Tel. (W): |

| MEDICAL INFORMATION: Please list all known medical conditions |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Epilepsy                             | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Allergies             |  |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Others (please state) |  |

| AREAS OF INTEREST (S) (Please tick ONE area of choice)  |                                     |                                       |   |   |
|---|-------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Poultry  | <input type="checkbox"/> Apiculture | <input type="checkbox"/> Goat rearing | <input type="checkbox"/> Vegetable production | <input type="checkbox"/> Agro Processing (Please state) |
| <b><i>PLEASE NOTE THAT YOU MUST POSSESS OR IN A POSITION TO PUT IN PLACE OR GAIN ACCESS TO THE BASIC INFRASTRUCTURE OPERATE THE SELECTED BUSINESS (for e.g. housing for animals, land, etc.). A SITE INSPECTION WILL FOLLOW YOUR SELECTION TO PARTICIPATE IN RYEEP.</i></b> |                                     |                                       |   |   |

| RESOURCES   |
|---|
| Based on your selected business interest above, please respond to the following:<br>Do you have access to land, water, building/ coopes/ barn houses/ tools, etc. that you could gain access to support the business? <b><u>PLEASE SUBMIT A LETTER FROM THE OWNER AND SIGNED BY A JP INDICATING PERMISSION TO USE LISTED RESOURCES ABOVE.</u></b> |
| <hr/> <hr/>   |
| What are the main resources needed to start an enterprise in the selected area?   |
| <hr/> <hr/>   |

| EXPERIENCE   |
|--|
| Please describe your agricultural experience. ( <i>Type of farm, number of acres/hectares, years of experience</i> ). Experience may include working with family or experience gained from agricultural studies at school, etc.) |
| <hr/> <hr/> <hr/>  |

State why you want to be a participant of the Programme:

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**REFERENCES**

|                |                |
|----------------|----------------|
| 1. Name:       | 2. Name:       |
| Occupation:    | Occupation:    |
| Contact #s:    | Contact #s:    |
| Email address: | Email address: |

**SIGNATURES (Application must be signed)**

I \_\_\_\_\_ hereby certify that the information stated above, is to the best of my knowledge and is accurate.

|                           |           |      |
|---------------------------|-----------|------|
| Applicant's Name          | Signature | Date |
| 4-H Parish Manager's Name | Signature | Date |

**DOCUMENTATION AND VERIFICATION**

The following documents are attached to the application:

|  |  |                             |                              |  |   |                              |                              |   |
|--|--|-----------------------------|------------------------------|--|---|------------------------------|------------------------------|---|
| <b>ID Type:</b>  | <input type="checkbox"/> DL  | <input type="checkbox"/> PP | <input type="checkbox"/> NID | <input type="checkbox"/> RADA  | <input type="checkbox"/> Food Handlers Permit | <input type="checkbox"/> NIS | <input type="checkbox"/> TRN | <input type="checkbox"/> Passport Picture |
| Authorization letter for use of land/ infrastructure: <input type="checkbox"/> YES <input type="checkbox"/> NO | Notified by JP: <input type="checkbox"/> YES <input type="checkbox"/> NO |                             |                              | <input type="checkbox"/> Site visit of Land/ infrastructure verified (see attached form) |   |                              |                              |   |
|  | JP's Name:   |                             |                              | Visit done by:   |   |                              |                              |   |
|  | JP's Contact Number:   |                             |                              | Date of Visit:   |   |                              |                              |   |
| <b>Documents Received by:</b><br>(If different from above)   | <b>Verified by:</b>  |                             | <b>Name of Officer:</b>      |  |   | <b>Signature:</b>            |                              | <b>Date:</b>                              |
|  | PM: <input type="checkbox"/> YES <input type="checkbox"/> NO             |                             |                              |  |   |                              |                              |   |
|  | PMO: <input type="checkbox"/> YES <input type="checkbox"/> NO            |                             |                              |  |   |                              |                              |   |

**FOR OFFICIAL USE ONLY**

|                   |                  |   |
|-------------------|------------------|---|
| Date Interviewed: | Name of Officer: | Recommended to participate in RYEEP<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                   | Signature:       |   |

**PARTICIPATION DECISION**

| Programme Activities                            | Decision                     |                             | Comments |
|---|------------------------------|-----------------------------|----------|
| <input type="checkbox"/> BASELINE STUDY         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> LIFE SKILLS            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> ENTREP 101             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> BUSINESS EXPLORATION   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> BUSINESS DEVELOPMENT   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> BUSINESS PITCH         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> KNOWLEDGE EXCHANE      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> BUSINESS COACHING      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> TECHNICAL COACHING     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |
| <input type="checkbox"/> PROJECT CLOSE OUT EXPO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |          |

**CLIENT FOLLOW-UP** (To be completed by 4-H Staff only. Each comment must indicate officers name and dated)

