



**YOUTH WITH DISABILITY EMPOWERMENT PROGRAMME THROUGH TOOLS OF TRADE  
INDIVIDUAL APPLICATION FORM**

This form is to be filled in triplicate. The duly completed form should be submitted to the NCPWD County Disability Services Offices. The applicant should keep stamped a copy, a copy filed at the County office and another sent to the Council HQ by the County officer. All sections **MUST** be filled.

**A. APPLICANTS PERSONAL INFORMATION**

**PERSONAL DATA:**

Full name of applicant:

(a) First: \_\_\_\_\_ Middle: \_\_\_\_\_ Surname/Family name \_\_\_\_\_

(b) Date of birth: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(c) National ID. No 

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(attach a copy of ID card)

(d) Sex: Male  Female

**B. POSTAL AND PHYSICAL ADDRESS**

**Postal Address:**

P.O. Box \_\_\_\_\_ Code \_\_\_\_\_

Tel/Mobile No. \_\_\_\_\_ Alternate Mobile No. \_\_\_\_\_

Email \_\_\_\_\_

**Physical address:**

County \_\_\_\_\_ Sub-County \_\_\_\_\_

Division \_\_\_\_\_ Location \_\_\_\_\_ Sub location \_\_\_\_\_

**C. DISABILITY**

**a) Disability Registration No.**

(attach a copy of disability card)

|  |  |  |  |  |  |  |  |  |  |
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**b) Type of Disability**

- i. Physical Impairment
- ii. Mental/
- iii. Intellectual
- iv. Developmental
- v. Hearing impairment
- vi. Visual Impairment
- vii. Albinism
- viii. Short Stature
- ix. Other specify \_\_\_\_\_  
\_\_\_\_\_

c) Do you use any assistive device/support services (KSL, Personal assistant, ): Yes\_\_\_  
No\_\_\_ If yes, state name of device: \_\_\_\_\_

**D. ACADEMIC/TECHNICAL/VOCATIONAL TRAINING INFORMATION**

Highest level of education completed

- (a) None
- (b) Primary
- (c) Vocational centre
- (d) Secondary
- (e) Tertiary
- (f) University/College

(Attach certified copies of relevant certificates)

**E. TECHNICAL/VOCATIONAL TRAINING COURSE**

**i) Formal Training**

- a) Name of technical/vocational course\_\_\_\_\_
- b) Duration of training on the course\_\_\_\_\_
- c) Name of vocational/technical institution attended\_\_\_\_\_

\_\_\_\_\_

d) Trade test passed \_\_\_\_\_

e) If you have no formal training, state how you acquired the skill \_\_\_\_\_

\_\_\_\_\_

Where \_\_\_\_\_ Reference \_\_\_\_\_

## ii) Informal Training/Apprenticeship

### Current Status of Applicant

(a) Employed  Where are you employed \_\_\_\_\_

(b) Self Employed  Location of your business \_\_\_\_\_

(c) Unemployed  What are you currently doing \_\_\_\_\_

## F. TOOLS REQUIRED (EQUIPMENT)

(a) Briefly, describe how the tools will help you i.e. how will you use them and what you will achieve? Rephrase \_\_\_\_\_

\_\_\_\_\_

(b) Have you received support from any other source? If yes, state the benefactor \_\_\_\_\_

### Types of Tools Requested (tick as appropriate)

(a) Knitting kit

(b) Sewing kit

(c) Shoe making kit

(d) Farming kit

(e) Welding kit

(f) Carpentry Kit

(g) Salon Kit

(h) Fishing net

(i) Others Specify \_\_\_\_\_

## G. APPLICANT'S EVIDENCE OF NEED

### (a) APPLICANT'S INFORMATION

| Indicator   | Description |
|---|-------------|
| Why are you applying for the Tool Kit?  |             |
| Have you received any assistance in the past?<br>State the nature of assistance |             |
| Do you have any special needs?  |             |
| Any other information   |             |
| Who do you live with?   |             |

### (b) FAMILY INFORMATION

| Indicator   | Description |
|---|-------------|
| Has your family been affected by civil conflict or natural disasters such as displacement, flooding, drought, fire or famine? |             |
| Describe: What type of house do you live in?  |             |
| Please describe any other cause of disadvantage or vulnerability?   |             |
| Any siblings in: i) Secondary School:<br>ii) University:  |             |

## H. DECLARATIONS

### APPLICANT'S DECLARATION

I, \_\_\_\_\_ declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification.

I authorize National Council for Persons with Disability or its representatives to obtain such additional information concerning my technical/vocational training and financial records as needed to complete this toolkit application.

In the event I receive the toolkit, I commit myself to working hard to succeed in my business. Failure to do so, I agree that the National Council for Persons with Disabilities can repossess the toolkit.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **WITNESS DECLARATION (SOCIAL DEVELOPMENT OFFICER)**

I confirm that the above information is true to the best of my knowledge and I am aware that giving false representation will mean that the application will not be considered and will lead to automatic disqualification.

On behalf of my child/friend, I authorize the National Council for Persons with Disabilities or its representatives to obtain such additional information concerning this toolkit application and financial records as needed to complete it.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ID Number: \_\_\_\_\_

### **RECOMMENDATIONS**

This part must be completed by the relevant authorities indicated. Any false information will lead to disqualification.

2. Provincial Administration (Chief or Asst. Chief).

How long have you known the candidate/family? \_\_\_\_\_

Rate the candidate's financial ability:

Rich\_\_\_\_ Middle Class\_\_\_\_ Low Income\_\_\_\_ Needy\_\_\_\_ Very Needy\_\_\_\_

I have reviewed the information given in this form and believe it to be truthful. The above named student is a resident of my location/ sub-location. Based on my knowledge and/or inquiries I can affirm that he is needy/vulnerable based on the following facts about his/her circumstances.

Name: \_\_\_\_\_ Signature & Official Stamp: \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address: P.O. Box: Tel/Mobile Number: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

**1. COUNTY DISABILITY SERVICES OFFICER**

I have enquiries on the applicant and information given in his application and confirm it is truthful. The applicant is a resident of my County. Based on my inquiries and verification of information provided, I affirm that he/she is needy/vulnerable based on the facts provided about his/her circumstances.

Date \_\_\_\_\_ and Stamp \_\_\_\_\_

**2. ECONOMIC EMPOWERMENT PROGRAM OFFICER (HQ) to be filled during the vetting),**

Marks scored \_\_\_\_\_

Recommended/declined support \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_ -