



"A NEW START"

Promoting a New Beginning for Youths and Unemployed Adults through Training and Entrepreneurship

SECTION 1 Your Personal Details

Full Name	Surname	First Name	Date of Birth		
Address			Tel. Nos.		
			Email Address		
Community			Tick which of these you use:	 WhatsApp	 Facebook
Parish				Other (Name)	

SECTION 2 Other contact details* somebody we can contact if we can't make contact with you

Full Name	Address	Tel.#

SECTION 3 Education and Training

Tick the level of education you attained?

Tick	Level Attained	Name of last school you attended	Year
	Primary		
	Secondary		
	Vocational		

SECTION 4 Your area of interest **TICK WHICH AREA(S) OF OUR PROGRAMME YOU ARE INTERESTED IN:**

<input type="checkbox"/>	Basic Computer (word, excel, power point etc.)	<input type="checkbox"/>	Welding Art
<input type="checkbox"/>	Computer Repairs	<input type="checkbox"/>	Home care nursing
<input type="checkbox"/>	Introduction to computer animation	<input type="checkbox"/>	Social Media Marketing
<input type="checkbox"/>	e-businesses / Website Design	<input type="checkbox"/>	CXC Classes
<input type="checkbox"/>	Graphic Design (Corporate Branding)	<input type="checkbox"/>	Performing Arts (Drama, Speech, Dance)
<input type="checkbox"/>	Banquet service	<input type="checkbox"/>	Entrepreneurship training
<input type="checkbox"/>	Pastry making / Cake Decorating	<input type="checkbox"/>	Event Planning
<input type="checkbox"/>	Drapery making	<input type="checkbox"/>	Massage Therapy
<input type="checkbox"/>	Agro Processing	<input type="checkbox"/>	**

**** Name any other area of interest that is not listed**

SECTION 5 Business and Enterprise

Are you interested in using this skill to start your own business?		Yes	No	Not sure
Which area of industry are you interested in setting up your business? (Tick answer below)				
<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Buying and selling	
<input type="checkbox"/>	Agro Processing	<input type="checkbox"/>	Information Technology	
<input type="checkbox"/>	Garments	<input type="checkbox"/>	Catering	
<input type="checkbox"/>	Beauty/Grooming	<input type="checkbox"/>	Manufacturing	
<input type="checkbox"/>	Other (Explain)			

SECTION 6 Declaration

I declare

That the answers I have provided are, to the best of my knowledge, true and correct in every instance,

That I understand that by my participation, I am committing to execute my side of the agreement by fully participating in the programme; and

that I understand that by providing this information I give my permission for this confidential and personal information to be used for the purpose of assessing my suitability for, and participation in the programme.

Signature	
PRINT NAME	
Date	