



Institute for National  
Transformation



**BUSITEMA  
UNIVERSITY**  
*Pursuing Excellence*

**YEAP-100-2024-TESO PHASE 2 TRAINING APPLICATION FORM**

**1A. PERSONAL DETAILS\***

First Name	Middle Name	Last name
Date of Birth	□□/□□/□□□□	
Gender: Male. <input type="checkbox"/> Female. <input type="checkbox"/>		
Are you a person with a disability?(check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
National Identification Number (NIN).		

**1B. PHYSICAL ADDRESS\* (Where you come from)**

Village:	Parish:
Sub-County:	District:

**1C. CONTACT DETAILS\***

Telephone:	Email Address:
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**1D. EDUCATION BACKGROUND\***

Highest level of education	
Institution	
Certificate Awarded	
Year Graduated	

**2A. EMPLOYMENT DETAILS\***

Do you have a full-time job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes;</b> Where do you work?	
How many hours do you work a day	

**3A. AGRICULTURAL ENTERPRISE DETAILS\***

What enterprise are you interested in?	Poultry <input type="checkbox"/> Cattle <input type="checkbox"/> Piggery <input type="checkbox"/> Onion <input type="checkbox"/> Apiary <input type="checkbox"/> Sweet Potatoes <input type="checkbox"/>
Do you have access to land?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Specify the size of land	

Have you started your enterprise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If Yes;</b> Where are you in your entrepreneurship journey in your enterprise? 1. Production 2. Harvest 3. Value addition 4. Market linkage 5. Sales (Explain in not more than 150 words).		
What is the source of your funding?		
<b>4A. FUNDING DETAILS (The government is willing to fund your enterprise in the form of a zero-interest loan payable after 2years)*</b>		
Do you agree with this arrangement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes;</b> Guarantor's Full Name:		
Relationship with guarantor		
Guarantor's signature		
<b>BANK ACCOUNT DETAILS (Must be in your registered National Identification Names). All finances shall be disbursed through the bank.</b>		
Bank Name		
A/C Name		
A/C Number		
Branch		
<b>CONCENT SECTION</b>		
Participant's Full Name		
Participant's signature		

**FOR OFFICIAL USE ONLY**

	NAME	POSITION	Signature
<b>Reviewed by</b>			
<b>Approved by</b>			