

KAS-TEP APPLICATION FORM

PERSONAL INFORMATION

NAME

DATE OF BIRTH

ADDRESS

PHONE &
EMAIL

EDUCATION

HIGH SCHOOL:

UNIVERSITY:

EMPLOYMENT & JOB TITLE

YEAR

1.

2.

3.

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize the collection and storage of all information contained in this application form for the sake of selection for the KAS-TEP Programme.

KAS-TEP APPLICATION FORM

ORGANISATIONAL INFORMATION

NAME OF ORGANISATION

DATE ESTABLISHED

ADDRESS OF ORGANISATION

ROLE IN ORGANISATION

REFERENCES

1.

2.

CIVIL SOCIETY ENGAGEMENT & EXPERIENCE

YEAR

1.

2.

3.

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KAS-TEP APPLICATION FORM

HOW DID YOU FIND OUT ABOUT THE PROGRAMME?

WORD OF MOUTH

SOCIAL MEDIA

WHATS APP

LIST YOUR GENDER & ANY DISABILITIES

GENDER:

DISABILITIES:

WHAT ARE YOUR EXPECTATIONS OF THE PROGRAMME?

1.

2.

3.

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