



Uganda Community Based Health Care Association

Entebbe, Berkeley Road, Opposite NARO P.O. Box 7881, Kampala UGANDA,
Email: ucbhca20@gmail.com, Website: www.ucbhca.org, Office Tel: 0414-661588,
Mobile: 0755446101/0784982321,

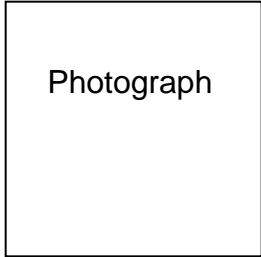
UCBHCA YOUTH SKILLS DEVELOPMENT PROGRAM

Participants' Registration Form

A. Personal Information

1. Name..... Telephone
2. Date of birth.....
3. Place of residence.....
4. Home district.....
5. National Identity Card Number
6. Immediate contact address.....
7. Date of reporting for the training.....
8. Father's name.....occupation.....

Telephone.....



9. Mother's name.....occupation.....
Telephone.....

10. Next of kin.....occupation.....
Telephone.....

11. Religious affiliation.....

12. Number of brothers and sisters, if any.....

13. Position in birth.....
14. Any chronic disease?.....
15. Any persistent health problem?.....
16. Any allergies?.....

B. Educational background

Level	From	To	Institution	Award
Primary Education				
Secondary Education				
Higher Education				
Other Courses				

C. Desired Training

1. Course / Trade.....
2. Why have you chosen this course / trade?
.....
3. Have you been trained in it before? (Tick one)
 (a) Yes (b) No
4. If so, list below the skills you learned in that training:
 (a)
 (b)
 (c)
 (d)
5. Are you doing that business now? (Tick one)
 (a) Yes (b)
6. If so, list below the problems you are facing in the business:
 (a)
 (b)

(c)

(d)

7. If not, list the skills you would like to acquire to do the business:

(a)

(b)

(c)

(d)

D. Health Status

1. Chronic diseases.....

2. Persistent health problem.....

3. Allergy.....

E. Declaration

I hereby declare that to the best of my knowledge the above information is accurate.

Signed

Registered by

.....

.....

PARTICIPANT

PROJECT MANAGER

Date

Date & Stamp.....