



**Training and Incubation Opportunities for SMEs and Self-Help Groups on Digital Learning Devices Maintenance and e-Waste Management**

**Application Form**

**FILL THIS FORM IN BLOCK LETTERS**

**A) Status of the SME/ self-help group**

1. Name of SME/ self-help group:.....
2. Registration number of the SME / self-help group:.....
3. County of operation: .....
4. Sub county of operation: .....
5. Constituency of operation: .....
6. Town of operation: .....
7. Year of registration.....
8. Years of active operation: .....
9. Contact details for the SME / self-help group (phone number, P.O Box and e-mail address).....  
.....
10. Provide the number of people with special needs in your SME/Group if there is any.....
11. Which other businesses/projects are you involved in:  
.....  
.....  
.....  
.....
12. Do you have a workshop for repair and maintenance?.....
13. Kindly provide the physical location of your workshop (building name, street and town) if you have one.....  
.....  
.....  
.....
14. Kindly attach a copy of the registration certificate for your SME/ self-help group.



**B) List of Members**

<b>Index</b>	<b>First Name</b>	<b>Last Name</b>	<b>Telephone Number</b>	<b>Gender</b>	<b>Age</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



**C) Educational background of members**

<b>Index</b>	<b>First Name</b>	<b>Last Name</b>	<b>Highest Level of Education</b>	<b>Area of specialization i.e IT, Electrical Engineering e.t.c</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				