



Please complete all sections below

1. General Information:

First (Given) name:	Middle name:
Last name:	
Date of birth (DD/MM/YYYY):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone:	Email:
Address:	

2. Evidence of Identity:

	Type of ID:		
ID Number:	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License
Expiration date (DD/MM/YYYY):			

3. Education:

<input type="checkbox"/> University degree	<input type="checkbox"/> High school	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Other
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If applies:

Name of secondary school	
College/university name	
Program of study	
Years of study	

4. Employment Information

Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please, provide information of your employment history for the last 5 years. Add experiences from most recent to the oldest. (Add rows if required).



Period-Years	Organization	Position	Description of duties

5. Computer Literacy, Access to Resources

Check what is applicable to you

	Low	Medium	High	Very high
5.1 Level of computer literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Access to technology devices (laptop, desktop, tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Access to Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Use of social media channels (Facebook, Instagram, Pinterest, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Use of IT tools to improve daily tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Are you familiar with digital technologies?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5.7 If yes, list some of the technologies you may have used.				
5.8 Are you certified in any of these digital technologies you mentioned?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5.9 In light of the Covid-19 pandemic, do you, as an individual, further see the need for digital skills?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5.10 Why are you interested in the digital skills training?				

6. Emergency Contact

Full name:	Relationship to you:
Phone number:	Email:
Address:	



7. References

Please provide the names and contact numbers of 2 persons whom we can call to conduct a reference check. References from family or relatives are not acceptable or valid.

Name	Organization and position	Address/contact number(s)	How many years have you known this person?

8. 6. Personal History

Have you ever been charged/convicted of a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature of offence:		
Are there any health-related issues, illnesses, disabilities, or current conditions that could affect your attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Are you physically challenged/impaired in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		
Have you been treated for any illnesses during the last six (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		

I certify that answers herein are true and complete to the best of my knowledge. I authorize The Avasant Foundation to make investigations and enquiries regarding my personal history and other related matters as may be deemed necessary.

Candidate signature:	Date:
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