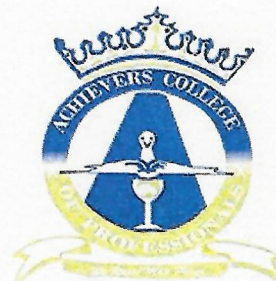




**YOUTH DIGITAL SKILLS AND  
INNOVATIVE TECHNOLOGIES  
TRAINING PROGRAM.  
APPLICATION FORM**



**SECTION 1: PERSONAL INFORMATION**

**PERSONAL DETAILS**

- a) Official Name: \_\_\_\_\_ ID NO \_\_\_\_\_  
b) Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years  
c) Gender: Male  Female   
d) Address: i) P.O Box: \_\_\_\_\_  
ii) Email Address : (**MUST**) \_\_\_\_\_  
iii) Telephone No: \_\_\_\_\_  
e) Origin: i) County \_\_\_\_\_  
ii) Constituency \_\_\_\_\_  
ii) Ward \_\_\_\_\_  
f) Residence: i) County \_\_\_\_\_  
ii) Estate/village \_\_\_\_\_  
g) Details of relatives/ Kins.  
i) Parent/Guardian \_\_\_\_\_ Cell No \_\_\_\_\_  
ii) Other important people \_\_\_\_\_ Cell No \_\_\_\_\_

**SECTION 2: ELIGIBILITY**

Confirm you are aged between 18 and 30 years

(Please tick the box that applies)

Yes  No

(Note: Only applicants aged 18–30 years will be considered)

**SECTION 3: EDUCATION AND BACKGROUND**

a) Highest Level of Education:

(Please tick the box that applies)

- No formal education  Primary School   
Secondary School (KCSE)  Certificate   
Diploma  Bachelor's Degree   
Master's Degree and above  Other: \_\_\_\_\_



**b) Current Status / Occupation (Tick all that apply):**

Student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Self-employed / Entrepreneur	<input type="checkbox"/>	Employed (formal)	<input type="checkbox"/>
Freelancer	<input type="checkbox"/>	Farmer	<input type="checkbox"/>

Other: \_\_\_\_\_

**c) Do you have access to a smartphone or laptop?**

*(Please tick the box that applies)*

Yes, I have both smartphone and laptop	<input type="checkbox"/>
Yes, smartphone only	<input type="checkbox"/>
Yes, laptop only	<input type="checkbox"/>
No, I do not have regular access	<input type="checkbox"/>

**SECTION 4: DIGITAL SKILLS AND EXPERIENCE**

**a) How would you rate your current digital skills?**

1 – Beginner  2  3  4  5 – Advanced

**b) Which digital tools have you used before? (Tick all that apply)**

Google Apps (Gmail, Drive, Docs, Sheets)	<input type="checkbox"/>
Microsoft Office (Word, Excel, PowerPoint)	<input type="checkbox"/>
Social Media (TikTok, Instagram, YouTube, Facebook)	<input type="checkbox"/>
Canva or graphic design tools	<input type="checkbox"/>
Video editing apps (CapCut, InShot, etc.)	<input type="checkbox"/>
Zoom / Google Meet	<input type="checkbox"/>
None	<input type="checkbox"/>

**c) Have you ever earned money online?**

Yes  No

If yes, briefly explain how:

.....

**SECTION 5: MOTIVATION AND INTEREST**

**a) Why do you want to join this training program? (Tick all that apply)**

To learn digital skills	<input type="checkbox"/>
To find online / freelance work	<input type="checkbox"/>



- To start or grow my business
- To easily access government services (e.g. eCitizen)
- To create and monetize digital content
- To learn about AI and new technologies
- Other: \_\_\_\_\_

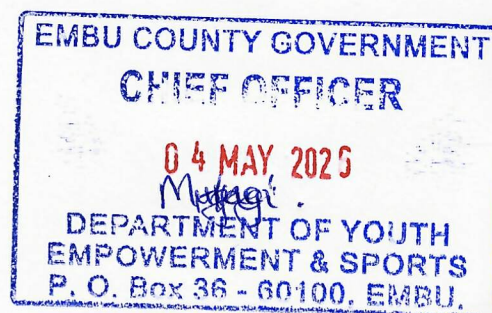
**b) Which modules interest you the most? (You may tick up to 5)**

- Digital Collaboration & Remote Work
- Advanced Digital Literacy & Productivity
- Accessing Digital Government Services (eCitizen)
- Digital Safety & Cybersecurity
- Digital Content Creation & Monetization
- Digital Freelancing & Online Work
- E-Commerce & Online Business
- Digital Financial Management
- Emerging Technologies (AI, Blockchain, etc.)
- EmbLens – Visual Storytelling & Local Content Creation

**c) How did you hear about this program?**

*(Please tick the box that applies)*

- County announcement / Office of the Chief
- Social media (WhatsApp, Facebook, etc.)
- Friend or Family
- Radio / TV
- Youth Empowerment Centre
- Other: \_\_\_\_\_



**SECTION 6: COMMITMENT**

**a) Are you able to attend all the training sessions fully?**

*(Please tick the box that applies)*

- Yes, I can commit fully  Not sure  No

b) Do you have any special needs or require any assistance? (e.g. disability, language, etc.)

.....

**DECLARATION**

I certify that the information given in this form is true and correct to the best of my knowledge. I understand that providing false information may lead to disqualification. If selected, I commit to actively participate in the entire training program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

**1) AREA CHIEF DETAILS**

Name..... Date.....

Sign.....Stamp.....

Comment.....

.....

**2) FOR OFFICIAL USE.**

i) Admission Number \_\_\_\_\_

Chief Officer/Registrar \_\_\_\_\_ Sign & Date \_\_\_\_\_

**APPLICATION DATES: 4<sup>th</sup> May-11<sup>th</sup> May, 2026**

*For more information call: 0725 985 999*

**NOTE: The application forms are handed over to the respective ward administrators or taken to the office of youth**

**Empowerment.**



**Scan the QR Code and fill the form before handing over this form**

