**APPLICATION FORM FOR COMMUNITY BASED EXTENSION WORKERS**

**SECTION 1: PERSONAL INFORMATION**

1. Full Name:…………………………………………………………………………………………………
2. Date of Birth (DD/MM/YYYY):………………………………………………………
3. Sex: ☐ Male ☐ Female
4. National ID Number (Refugee Individual Number) :………………………………………………
5. Phone Number:………………………………………………………………………………….
6. Email Address (if any):……………………………………………………………………
7. Current Residential Address:
   * Subcounty/settlement………………………………………………..
   * Parish/zone………………………………………………………..
   * Village………………………………………………………….

**SECTION 2: EDUCATION BACKGROUND**

|  |  |  |
| --- | --- | --- |
| Qualification | Institution | Year Completed |
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**SECTION 3: WORK EXPERIENCE (If Any)**

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| --- | --- | --- | --- |
| Organization | Role | Duration | Key Responsibilities |
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**SECTION 4: RELEVANT SKILLS & KNOWLEDGE**

1. Do you have experience in Climate Smart Agriculture (CSA) Practices? ☐ Yes ☐ No  
   If yes, briefly explain:

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1. Do you have experience in Sustainable Environmental Management? ☐ Yes ☐ No  
   If yes, briefly explain:

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1. Do you have any experience working with farmer groups? ☐ Yes ☐ No  
   If yes, briefly explain:

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**SECTION 5: PSEAH & SAFEGUARDING COMMITMENT**

Partners in Development and Center for Holistic Transformation (PICOT) is committed to Preventing Sexual Exploitation, Abuse, and Harassment (PSEAH) and ensuring the safeguarding of vulnerable groups.

1. Have you ever been involved in any safeguarding violation or misconduct? ☐ Yes ☐ No
2. Do you agree to uphold ethical and safeguarding principles in all your interactions? ☐ Yes ☐ No

By signing this application, I confirm that all the information provided is true and correct.

I understand that any false information may lead to disqualification.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Village and Subcounty Endorsement Section**

*(To be completed and stamped by Local Council authorities in the applicant’s area of residence)*

This is to certify that the applicant……………………………………………………………is a resident of:

* **Village:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parish:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Subcounty:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We confirm that he/she is known to us and resides in the above-mentioned location. This endorsement is provided to support the applicant's eligibility for the position of Community-Based extension worker under the URRI Project.

**LC1 Chairperson (Village Level)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Stamp:**

**LC3 Chairperson or Subcounty Official**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp:**