



DIGITAL SKILLS TRAINING FOR ADOLESCENTS REGISTRATION FORM



Eligibility

Are you an out-of-school adolescent or youth (aged 13-24) motivated to learn and invest your time in personal and professional growth? If yes, you are eligible to apply and participate in the five-week digital skills program organised by the United Nations Children's Fund (UNICEF) in collaboration with Makerere University Business School. As a participant, you will receive a certificate upon successful completion of the training.

Participant Information

Full Name: _____ Gender: ☐ Male ☐ Female
Date of Birth: _____ (DD/MM/YYYY) Age: _____
School (if applicable): _____

Contact Information

Email Address: _____
Phone Number (s): _____
Home Address: _____
Parent/Guardian: _____
Parent's/Guardian's Phone Number (s): _____

Previous Experience

Do you have any prior experience with digital skills? ☐ Yes ☐ No
If yes, please describe what you can do: _____

Additional Information

Do you have any special needs (PWDs)? ☐ Yes ☐ No
If yes, please specify: _____

Consent

For participants under the age of 18:

I, as the parent/guardian of _____, give my consent for his/her participation in the Digital Skills Training Program at Makerere University Business School.

Parent's/Guardian's Full Name: _____ Relationship to Participant: _____
Parent's/Guardian's Signature: _____ Date: _____ (DD/MM/YYYY)

For participants aged 18 and above:

I confirm that I am 18 years of age or older and consent to participate in the Digital Skills Training Program at Makerere University Business School.

Participant's Signature: _____ Date: _____ (DD/MM/YYYY)