



Republic of Kenya

# MINISTRY OF GENDER, CHILDREN AND SOCIAL DEVELOPMENT

## DEPARTMENT OF GENDER & SOCIAL DEVELOPMENT

### APPLICATION FORM FOR REGISTRATION OF SELF-HELP GROUP/PROJECT

DISTRICT .....

1. Name of Group/Project ..... Type of Group/Project .....

Division ..... Location .....

Sub-Location ..... Postal Address .....

Physical Address ..... Date of formation .....

Meeting Venue ..... Meeting Days ..... Time .....

2. Membership at the time of registration: Women ..... Men ..... Total.....

Number of Persons with Disabilities: Women ..... Men ..... Total .....

Date elections were conducted .....

Supervised by ..... Title .....

3. Management committee:-

- i) Chairperson / Chairman..... ID No. .... Tel. .... Email .....
- ii) Secretary ..... ID No. .... Tel. .... Email .....
- iii) Treasurer ..... ID No. .... Tel. .... Email .....
- iv) Vice Chairperson ..... ID No. .... Tel. .... Email .....
- v) V/Secretary ..... ID No. .... Tel. .... Email .....
- vi) Member ..... ID No. .... Tel. .... Email .....
- vii) Member ..... ID No. .... Tel. .... Email .....

4. Group/Project objectives:-

- 1. ....
- 2.....

