



SEIG - LIJAH REGISTRATION FORM

PERSONAL DETAILS		Registration Number:		Kwakha Indvodza Lijaha ID:		
PERSONAL DETAILS	First Name:			Surname:		
	Facebook Name(Optional):			Date of joining Kwakha Indvodza:	DD/MM/YYYY	
	Community:			Date of Birth:	DD/MM/YYYY	
	Inkhundla:			Cell-number:	ID Number:	
	Region:			Country:	Chapter:	
	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	In a relationship <input type="checkbox"/>	Number of dependents:	
	Orphan Status:	Double <input type="checkbox"/>	Maternal <input type="checkbox"/>	Paternal <input type="checkbox"/>	None <input type="checkbox"/>	
	Highest level of education:	None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/>				Name of School/College/University:
	List of all people staying with:					
Physical Address:						
BACKGROUND	Did you attend any support group/youth club before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date attended :	DD/MM/Y YYYY	
	What did you learn about?					
	Name of support group:					
SOCIO - ECONOMIC INFORMATION	Do you have training or experience in the following	Agriculture <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no would you be interested in any?	Agriculture <input type="checkbox"/>	
		Handcraft <input type="checkbox"/>			Handcraft <input type="checkbox"/>	
		Fine art <input type="checkbox"/>			Fine art <input type="checkbox"/>	
	Do you contribute any income to your household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous Work Position:			Place of Employment :	Duration of employment		
Have you ran a formal or informal business for income?	Yes	Is it still operating?	How long has it been operational?	Which services did you provide/ product that you produced?		
	No	Yes <input type="checkbox"/> No <input type="checkbox"/>				
What is the reason?						
NEXT OF KIN	In case of emergency:					
	Name of next of Kin:	Relationship:		Tel/Cell number:		
	Name of next of Kin:	Relationship:		Tel/Cell number:		
INFORMED CONSENT	Established in 2012, Kwakha Indvodza (mea ning 'Building a Man' in siSwati) is a non-profit organization that specializes in community-led, high-impact health and behavioural change interventions with men and boys. KI is Swaziland's sole male mentoring organization, providing a unique interactive space to nurture resilient, healthy, gender-equal males. Developmental programs neither target men nor the patriarchal structures within which they exist. A vital piece of the puzzle is still missing: we are neglecting our men! It is therefore Kwakha Indvodza's Mission to mentor men and boys within a positive third space, to be inspiring, respectful and responsible community members. The problems of unemployment, lack of opportunity and "the poverty trap" continue to be experienced by our young people, often regardless of how well they do in school. Therefore, since 2016 the aim of KI's Social Entrepreneurship and Income Generation (SEIG) Projects has been addressing the challenges that young people face in seeking employment, learning skills and entering into entrepreneurship opportunities. For more information, visit our website: www.kwakhaindvodza.com , Facebook: www.facebook.com/Kwakhaindvodza , Tel: 2404 2265, Email: info@kwakhaindvodza.com					
	To monitor and evaluate the effectiveness of the programs, you will be required to provide data through various ways including rapid assessments, registration forms, attendance registers, knowledge, attitudes and practices surveys. All data collected will be kept private and confidential and any information with your personal identifying details will be removed before the data is analysed. Kwakha Indvodza data will be processed into project reports, publications and communications material. Your participation is entirely voluntary.					
	For beneficiaries above the legal age of consent:					
	I, (Name of participant), understand the goals and objectives of the Kwakha Indvodza projects and that I will be registered and information will be collected about me where required. The information will be kept private and confidential and I will be assigned a Lijaha (ID). My participation is entirely voluntary and I have been given an opportunity to ask any clarifying questions and consent to my participation in Kwakha Indvodza project activities.					
	Lijaha signature:				Date:	DD/MM/YYYY
KI representative signature:				Date:	DD/MM/YYYY	
ADMIN	To be completed by KI data capturer:					
	Name of data capturer:				Date Captured:	DD/MM/YYYY