

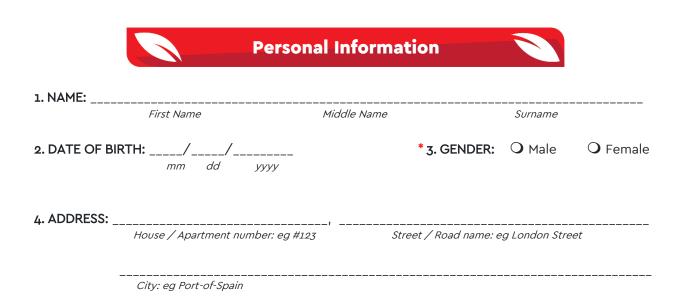


The **Part-Time Youth Agricultural Homestead Programme (Part-Time YAHP)** is designed for young nationals between the ages of 18 to 35 years with a keen interest in agriculture. Part-time YAHP aims to provide technical support to successful trainees to become successful 21st century agribusiness entrepreneurs. In keeping with Vision 2030's National Development Strategy, the Ministry of Youth Development and National Service (MYDNS) developed the National Youth Policy of Trinidad and Tobago 2020-2025 with the intention of giving youth the opportunity to co-create a sustainable future. Part-Time YAHP is one such programmatic initiative by the MYDNS.

APPLICATION FORM

Please fill in ALL the blanks below in BLOCK LETTERS, using black or blue ink only.

- Kindly ensure that you attach copies of the following documents:
 - Trinidad and Tobago Birth Certificate
 - Bio Data page of Trinidad and Tobago Passport OR Trinidad and Tobago Identification Card
 - Affidavit of Truth Certified by a Commissioner of Affidavits
 - Police Certificate of Character OR Certificate of Character Receipt
 - Academic Certificate(s)







 Diego Mart Penal/Deb Port of Spa San Fernar 	tin/St. George Wes be/Siparia/St. Patric ain/ St. George Cen ado/Victoria West ande/St. Andrew	t ck East	 O Mayaro/Ri O Point Forti O Princes To 	n/St. Patrick West wn/Victoria East Laventille/St. George East
6. PRIMARY CONTACT	NUMBER:			
7. ALTERNATIVE NUM	BER:			
8. EMAIL:				
9. MARITAL STATUS:	O Single O Widowed	O Marrie O Separa		O DivorcedO Common Law
	Pro	of of Natio	nality	
10. ARE YOU A NATIO	NAL OF TRINIDAD A	ND TOBAGO:	O Yes	Q No
11. NATIONAL ID: Plea	se provide the number fo	or ONE of your Trin	idad and Tobago	National IDs
O TT Passpor	rt	O TT Ide	ntification Ca	rd
12. BIRTH CERTIFICAT	E PIN NUMBER:			
	Mini	istry Progra	ammes	
13. ARE YOU OR ANY THE SHADE HOU		ENROLLED IN TH O Yes	IE MYDNS YAH O No	HP FULL-TIME PROGRAMME OR
14. DO ANY OF YOUR	IMMEDIATE FAMILY	OWN STATE LA	NDS? O Yes	O No
	Socie	o-Economie	: Status	
15. WHICH ONE OF TH O Under 3,00		T DESCRIBES Y 3,000 - 5,000		Y HOUSEHOLD INCOME? O 5,001 - 7,000
• 011del 3,00 • 7,001 - 10) 10,001 - 15,00		• 5,001 - 7,000 • 15,001 and above





16. WHICH ONE OF THE FOLLOWING B	EST DES	CRIBES	YOUR	CURRENT EM	PLOYMENT	SITUATION?
 C Employed: (State place of Employed) C Self Employed C Under- Employed: (State place) C Temporarily Laid-off 		oyment)				
${f O}$ Not Employed, and not look	king for a	a job	О Но	omemaker		O Student
O Other: (Please state)						
17. IF EMPLOYED, WHICH ONE OF THE I O Work full time for someone O Work for yourself (self-empl	else		O W	ork part time	for someon	e else
18. IF YOU ARE A STUDENT, DO YOU A		VE A PAII	D JOB	?		
${ m O}$ Yes, I work full time		O Yes,	I worl	k part time		O No
19. DO YOU HAVE ANY DEPENDENTS?		O Yes	0	No		
20. IF YES, PLEASE INDICATE THE TYPE	AND NU	JMBER O	F DEP	ENDENTS?		
${f O}$ Children under 3 years of ag	je	No:				
${f O}$ Children between ages 3 an	nd 5	No:				
${f O}$ Children between ages 6 an	nd 11	No:				
${f O}$ Children between ages 12 a	ind 17	No:				
${f O}$ Dependents 18 years and at	oove	No:				
21. WHICH ONE OF THE FOLLOWING B	SEST DES	SCRIBES	YOUR		RANGEMEN	T?
					O Mortgag	•
${f O}$ I own my own home	O I do	not owr	a hor	me	Other	
 21. WHICH ONE OF THE FOLLOWING B O Living alone O Living with my adult childre O Living with extended family O Living with friends 	n	O Livin	g with parent	n my immedia	te family usins)	
Edu	catio	nal Inf	orm	ation		
22. DO YOU HAVE A MINIMUM OF TWO	(2) O'LE	EVELS?		O Yes	O No	-
23. HIGHEST LEVEL OF EDUCATION:	0	Primary		O Seconda	ary	O Tertiary
${f O}$ Technical/Vocational	00	Other				







24. PLEASE DESCRIBE YOUR INVOLVEMENT IN AGRICULTURE. Attach photos or videos if necessary

25. PLEASE LIST ANY SUPPORTING VIDEO LINKS BELOW: * You can use any link such as YouTube, Dropbox or Google Drive
•
•
26. DO YOU HAVE ANY FORMAL TRAINING OR ACADEMIC CERTIFICATION IN AGRICULTRE?
27. IF YES, PLEASE STATE
28. WHAT DO YOU EXPECT TO GAIN UPON COMPLETION OF THE PART-TIME YOUTH AGRICULTURAL HOMESTEAD PROGRAMME?
29. PLEASE INDICATE WHY YOU THINK YOU SHOULD BE SELCTED AS A PARTICIPANT IN PART-TIME YAHP





Emergency Contact Information

30. NAME OF		First Name	Surname
31. ADDRESS:			
	House / Apartment number: eg #123	Street / Road nam	ne: eg London Street
	City: eg Port-of-Spain		
32. CONTACT	NO.:	33. RELATIONSHIF	?:
	Atta	chments	
34. PLEASE SE	LECT THE DOCUMENT YOU HAVE	ATTACHED:	
O Ce		cate of Character Re	ceipt: State Receipt No
	rtificate of Character O Certif		ceipt: <i>State Receipt No</i>
35. ACADEMIC	rtificate of Character O Certif	ce	
35. ACADEMIC	rtificate of Character O Certif		
35. ACADEMIC O Pro O De 36. PLEASE SE	rtificate of Character O Certif		
35. ACADEMIC O Pro O De 36. PLEASE SE *O Bi	rtificate of Character O Certif	J HAVE ATTACHED:	



I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any information given in this application proves to be false or incorrect, I accept the consequence of automatic rejection of the submission.

Applicant's Signature

Date