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| **GENERATING GROWTH OPPORTUNITIES AND PRODUCTIVITY FOR WOMEN ENTERPRISES (GROW) PROJECT**  **ESSENTIAL SKILLS TRAINING APPLICATION FORM**  **First Cohort Application Period: 6th March to 30th April 2025**  The Government of the Republic of Uganda has received financing from the World Bank to implement the Generating Growth Opportunities and Productivity for Women Enterprises (GROW) Project, which is being executed by the Ministry of Gender, Labour, and Social Development (MGLSD). The project aims to increase access to entrepreneurial services that will help female entrepreneurs grow their businesses in targeted locations, including both host and refugee districts. Part of these funds were used to develop a curriculum designed to empower women entrepreneurs by providing the essential tools, knowledge, and skills needed to succeed in today’s competitive business environment. The government is now inviting eligible women entrepreneurs and their employees to apply for the entrepreneurship training course. The training will cover key areas such as financial literacy, ICT and business growth, business expansion and sustainability strategies, and effective customer communication, among other topics.  The first phase of training will take place from April to July 2025 in all cities, municipalities, and districts across Uganda. Applications should be addressed to **The Permanent Secretary, Ministry of Gender, Labour and Social Development, Attn: Project Coordinator,** **GROW Project** and submitted to:   1. Ministry of Gender, Labour, and Social Development, Gender and Labour House, Plot 2, George Street, GROW Project Offices, 3rd Floor. 2. Office of the Chief Administrative Officer (CAO) in every district - GROW Focal Person. 3. Office of the Town Clerk in every City/Municipality - GROW Focal Person.   For inquiries, please contact: Tel: +256 200 244 000 / Toll-Free: 0800 307 777 Email: [info@grow.go.ug](mailto:info@grow.go.ug) | | |
| **A** | **Background Information** | **Respond or tick** |
| 1 | Full Name: |  |
| 2 | Telephone Number(s): | Tel 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Email (Optional) |  |
| 4 | Gender: | Male Female |
| 5 | Nationality | Ugandan Refugee |
| 6 | Please indicate your National Identification Number (NIN) or Refugee Number | NIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Refugee Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **B** | **Business Infromation** |  |
| 7 | Name of the business |  |
| 8 | Type of Business |  |
| 9 | Business location | District/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subcounty/Division:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parish/Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Village/ cell/zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Refugee Settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10 | Annual revenue generated by the business in UGX | 5 to 10M  10 – 20M  10 – 20M  50m and above |
| 11 | Are you a business owner or an employee | Business Owner Employee |
| 12 | If you are a business owner, please indicate the number of employees | 0 – 4  5 - 49  50 and above |
| **C** | **Disability** |  |
| 13 | Do you have any disability? | Yes No |
| 14 | If yes, please choose the category of disability: | None  Hearing Disability  Mental Disability  Physical Disability  Visual Disability  Albinism  Little People  Others (Specify) |
| **E** | **Confirmation** | I declare and confirm that the information provided above is true and accurate to the best of my knowledge. |