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| **GENERATING GROWTH OPPORTUNITIES AND PRODUCTIVITY FOR WOMEN ENTERPRISES (GROW) PROJECT**  **WORK PLACEMENT /APPRENTICESHIP APPLICATION FORM**  **First Cohort Application Period: 6th March to 17th April 2025**  The Government 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 to enable female entrepreneurs to grow their businesses in targeted locations, including host and refugee districts. As part of this initiative, the project will implement the Women's Entrepreneurship Work Placement/Apprenticeship Program aimed at enabling women entrepreneurs to acquire the skills and networks required to operate in male-dominated high-profit trades/occupations; and to facilitate women entrepreneurs and employees to transition into profitable sectors or trades.  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 | Contact information | Tel 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3 | Gender: | Male Female | |
| 4 | Nationality | Ugandan Refugee | |
| 5 | Please indicate your National Identification Number (NIN) or Refugee Number | NIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Refugee Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **B** | **Business Information** |  | |
| 6 | Type of Business (e.g. salon, tailoring, catering etc.) |  | |
| 7 | Are you a business owner or an employee | ☐ Business Owner ☐Employee | |
| 8 | Annual revenue generated by the business in UGX | 5 - 10M  10 – 20M  10 – 20M  50m and above | |
| 9 | Indicate the number of employees | 1 – 4  5 - 49  50 and above | |
| **C** | **INFORMATION ON PLACEMENT** |  | |
| 10 | What skills would you like to improve through the work placement? |  | |
| 11 | Why do you want to pursue the work placement? |  | |
| 12 | What is your preferred start date? |  | |
| 13 | Are you available full-time? |  | |
| 14 | How much time are you willing to commit to this work placement opportunity? |  | |
| 15 | Business Location | District/City/Settlement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sub county/Division/RWCIII:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parish/Ward/RWCII: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Village/ cell/zone/RWCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **C** | **Disability** |  | |
| 10 | Do you have any disability? | Yes No | |
| 11 | If yes, please choose the category of disability: | 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.  Signature:…………………………………..  Date: ………………………………………. | |