

CONFIDENTIAL

REFERENCE NUMBER: _____



MINISTRY OF EDUCATION, CULTURE, YOUTH AFFAIRS, AGRICULTURE AND FISHERIES

DEPARTMENT OF YOUTH AFFAIRS AND SPORTS

BeYOUTH CENTRE

USER REGISTRATION FORM



Date : _____

Gender: _____

2a. Are you currently a part of a Youth Service Group/Club?	2b. How long have you been involved in Youth Service?	2c. Please state any certificates of achievement, youth leadership or other awards you have received and state if you have any volunteer experience.	2d. What is your career goal? (What do you want to become?)
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1. Yes

2.No

If yes, please state the name/s: and positions held if any.

1. Less than one month

2. Less than one year

3. One Year

4. Other: _____

3a. Which of the following services and or programmes would you like to participate in?	4a. How did you find out about The Centre?	5a. Are you interested in our Personal Development Sessions?	5b. Are you interested in our Counseling Services?
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The Professional: Job Search

Big Thinkers: Innovation & ICT

School is In: Student Support

Technical Vocational Introductory Courses

Dear Future Me: Entrepreneurship Training

Culture, Creative, Performing Arts, Sports Recreation

Succeeding in Life: Life Skills

Youth Empowerment & Outreach

Other _____

Youth Forum

Friends

Media

DYAS Facebook

DYAS Staff

Other _____

1. Yes

2. No

1. Yes

2. No

6a. Have you ever visited our Facebook Page?

1. Yes 2. No

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Additional Comments (Please state what concerns you have about your life at this time and any other comments you may have):

MONTHLY FEE: \$10.00

Signature: User _____

Signature: Director, DYAS _____

Name (Youth Programme Officer) _____

Signature (Youth Programme Officer) _____



Profile Picture

Please email completed form to dias@gov.vg

THANK YOU FOR PROVIDING THIS INFORMATION!