



THE REPUBLIC OF THE GAMBIA
MINISTRY OF GENDER, CHILDREN AND SOCIAL WELFARE
116 D Block, Kanifing Estate (Digital Address: F84H+5HM)



SWEDD+ SMALL GRANT TRAINING APPLICATION FORM FOR NON-GAMBIA SOCIAL REGISTRY APPLICANTS

Name of Applicant: Region:

District: Settlement:

Date of Birth: (Please attached Birth Certificate)

Tel 1: Tel 2: Tel 3:

Eligibility Criteria

Please ensure that you meet all the following criteria before submitting your application:

1. The applicant must be an adolescent girl or young woman between the age of 15-24
2. The applicant must not be a school going girl
3. The applicant must be a Gambian
4. The applicant must provide proof of citizenship (Electronic Birth registration)
5. The applicant must be a resident of the region where the application is submitted
6. The applicant must be willing to undergo entrepreneurship training or vocational skills training.
7. The applicant must complete and submit the SWEDD+ Small Grant application form
8. The applicant must complete and submit the SWEDD+ Small Grant proposal template, along with all relevant supporting documents.
9. If the applicant is under the age of 18, the Parent/Guardian must complete and submit the parent/Guardian consent form

ATTACHMENTS:

1. Copy of electronic birth certificate

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

I hereby certify that the information provided above is accurate and truthful to the best of my knowledge. I have read and understood the SWEDD+ Small Grant Application Criteria, and I confirm that I meet all the eligibility requirements and am willing to comply with all necessary procedures.

Signatures: Date of Application:

For Applicants Under the Age of 18 (Parent/Guardian Consent)

If you are under the age of 18, your parent or guardian must provide their consent below:

Parent/Guardian Full Name:

Relationship to Applicant:

Telephone Number:

Parent/Guardian Signature:

Date: