

## YCAP Support Team Application Form

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Province: \_\_\_\_\_

District: \_\_\_\_\_

Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physical address: \_\_\_\_\_

**Please attach your CV when you send this form back to Empowervate**

**Please indicate the roles you would like to take part in:**

Support Team Role	I am interested in this role (mark with an X)
Advocate for as many schools as possible to enter YCAP	
Conduct workshops at schools in your district to show the district officials and educators how to use the toolkit	
Conduct workshops in your province to show the district officials and educators how to use the toolkit	
Conduct workshops across the country to show the district officials and educators how to use the toolkit	

Mentor schools in your district/province /nationally so they have a better chance at the district eliminations	
Mentor schools in your district/province who came in the top 3 at their district elimination so they have a better chance at the provincial eliminations	
Mentor schools in your district/province who won their provincial elimination so they have a better chance at the national championships	
Do monitoring and evaluation of the top 3 winners and great effort award winner in each province to ensure their projects are sustainable after the national championships	
Be an adjudicator at district/provincial competitions (obviously not for the schools you mentored)	
Gather media support, government support or local business fundraising and awareness support for YCAP	
Contribute to the blog on the Empowervate website for learners to read	
Assist with admin and stock take for Empowervate – data capturing, packing prizes, etc	

I hereby agree that the organisers will not be held responsible for any loss, damage, injury, delays, or whatever accidents may happen during the preparation for and participation in YCAP at a school, district, provincial and national level event or activity.

Signed: Support team member (if under 18, must be signed by parent/guardian)

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Name:

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Date

**Please send the completed form and CV to Empowervate  
([amanda@empowervate.org](mailto:amanda@empowervate.org) or fax 086 228 8034)**