



Y-CAP School Application Form 2019

Entries open 1 August 2018 and close 28 February 2019

Name of School: _____

Province: _____

District: _____

School telephone number: _____

School email address: _____

School Physical Address: _____

Educator name (Title, First Name, Last Name): _____

Educator cell number: _____

Educator e-mail address: _____

This entry is for either Primary (Gr 6, 7) _____ or Secondary (Gr 9, 10) _____

Number of teams participating in the school _____ number of learners per team: (max 4): _____

Is your school in an urban (city) area _____ or rural area _____

Is your DBE school fee paying _____ or non-fee paying _____ or Independent school _____

HOW TO RECRUIT THE TEAMS

YCAP teachers may hold auditions to choose the team members, or the grade or class may be split into groups of 5 learners in each team. Then then the school chooses the team whose project is most impactful to represent the school at the competitions. These are the leaders of the project, but they must recruit other learners, teachers, SMT, SGB, parents, local businesses and the media to assist them in getting their project actions implemented.

YCAP Team 1

First Name	Last Name	Gender	Cell Number	ID number
1				
2				
3				
4				

YCAP Team 2

First Name	Last Name	Gender	Cell Number	ID number
1				
2				
3				
4				

YCAP Team 3

First Name	Last Name	Gender	Cell Number	ID number
1				
2				
3				
4				

YCAP Team 4

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First Name	Last Name	Gender	Cell Number	ID number
1				
2				
3				
4				

*Please add more tables if you have more than 4 teams. Indicate which team will represent the school at the district event by contacting your district official and Empowervate before the district elimination

We 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 and that any photos or videos of the team may be used for marketing of the programme.

Y-CAP Mentor Name: _____ Signed: _____

Principal Name: _____ Signed: _____

Date: _____

School Stamp:

Please send the completed form to your DBE district official AND Empowervate (amanda@empowervate.org or fax 086 228 8034)

You should receive your Y-CAP 2018 Toolkit magazine and Teacher's and Official's Guide from your district official or by e-mail or courier from Empowervate within 10 days of submitting this application form. Please contact Empowervate if you have not received this information - 0878027356