



**Y-CAP School Application Form 2020**

*Entries close 31 March 2020 – No extensions*

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: \_\_\_\_\_

*Please mark the below with an 'x'*

This entry is for either Primary (Gr 6 and/or 7) \_\_\_\_\_ or Secondary (Gr 9 and/or 10) \_\_\_\_\_

Have you participated in Y-CAP before? No \_\_\_\_\_ Yes, once or twice \_\_\_\_\_ Yes, more than three times \_\_\_\_\_

Number of teams participating in the school \_\_\_\_\_ (one team minimum, whole grade is best)

Is your school in a city area \_\_\_\_\_ township \_\_\_\_\_ or rural area \_\_\_\_\_

Is your school fee paying \_\_\_\_\_ non-fee paying \_\_\_\_\_ independent school \_\_\_\_\_

**HOW TO RECRUIT THE TEAMS**

Y-CAP teacher mentors may hold auditions to choose the team members, or the grade or class may be split into groups of 4 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 |  |  |  |  |
|-------------|--|--|--|--|
|-------------|--|--|--|--|

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

| YCAP Team 5 |           |        |             |           |
|-------------|-----------|--------|-------------|-----------|
| First Name  | Last Name | Gender | Cell Number | ID number |
| 1           |           |        |             |           |
| 2           |           |        |             |           |
| 3           |           |        |             |           |
| 4           |           |        |             |           |

\*Please add more tables if you have more than 5 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 give consent 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 ([info@empowervate.org](mailto:info@empowervate.org) or fax 086 228 8034)

You should receive your Y-CAP 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 [info@empowervate.org](mailto:info@empowervate.org)