



# National Youth Service

An Agency of the Ministry of Education, Youth and Information

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## NYS MOBILE APPLICATION COMPETITION INTAKE FORM

Instructions: All sections must be completed in full.

### Section One: Team Lead Information

1. Title (Mr./Miss/Mrs): \_\_\_\_\_  
Last Name First Name Middle Initial

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yyyy)

3. Permanent Address: \_\_\_\_\_  
Street Name, Number & Parish

4. Contact Information:- \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone  Digicel  Lime

5a. ID Type:  Passport  Drivers License  National ID 5b. ID#: \_\_\_\_\_

6. TRN: \_\_\_\_\_ (Mandatory)

7. Do you have a Commercial Bank Account?  Yes  No Please state name of bank: \_\_\_\_\_

8. Account#: \_\_\_\_\_ Branch#: \_\_\_\_\_

9. Last school attended: \_\_\_\_\_ Certification: \_\_\_\_\_

10. Do you have any training experience in developing Applications (apps)?  Yes  No

If yes, please give a brief overview of this background: \_\_\_\_\_  
\_\_\_\_\_

11. Are you a young person from the community of persons with a disability?  Yes  No

If yes, please check all that apply:

Hearing Impaired  Sight Impaired   
Physical Disability  Intellectual Disability  Other: \_\_\_\_\_

12. Have you ever participated in a NYS Programme?  Yes  No

13. If yes, please state the name of the Programme \_\_\_\_\_

14. How did you learn about the App Competition? (Tick all that apply)

[ ] School [ ] Radio [ ] Internet [ ] Newspaper [ ] Family/Friend [ ] Parish Representative [ ] NYS Representative

Other: \_\_\_\_\_

## Section Two: Team Members Information

Instruction: Kindly populate the table below with the information required for each team member.

Names	Gender	Age	Do you have a disability?  If yes, please state the type disability	Information Technology Experience	Information Technology Educational Background	Kindly state whether each team member has participated in a NYS Programme.  If yes, state the programme.

### Declaration

I declare that the above information is true to the best of my knowledge. I am aware that any false or misleading information will result in my application being rejected.

By completing this form, I have granted the National Youth Service permission to use any images captured for marketing purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

Date Received: Status:     Complete     Incomplete

Comments: \_\_\_\_\_

Verified By: \_\_\_\_\_

Date: \_\_\_\_\_

NOT FOR SALE

