

**RETIREE ADOLESCENT PARTNERSHIP PROGRAMME
RAPP**

**COMMUNITY BASED ORGANIZATION (CBO) &
NON-GOVERNMENTAL ORGANIZATION (NGO)**

Registration Form

Date

1. Name of group:.....

2. Address: (If applicable)

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.....

3. E-Mail address & website:

4. Date of Establishment/Number of years in existence:.....

5. Current Leader:

6. Phone contact:

7. Number of members: (#Male #Female)

8. Group Objectives:

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9. Primary target audiences:

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10. Projects undertaken over the last 2-3 years:

NO.	Project Name	Duration	Activity	# Beneficiaries

**11. Projects undertaken with Government / Quasi Government bodies
(please list agency/ies)**

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12. Please list the name/s of any significant partner organization/s

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THANK YOU!