



Masibambisane - First Step Resource Management Project

APPLICATION FORM: YOUTH PARTICIPATION

Section 1: Personal Information

- Full Name & Surname: _____ Age: _____
- Gender: Male Female Other
- Contact Number: _____ Alternative Contact Number: _____
- Email Address (if available): _____

Section 2: Location Details

- Ward Number: _____ Village/Area: _____
- Are you a resident of Emakhazeni Local Municipality?
 Yes No
- Which Unit do you reside at?
 - Belfast
 - Dullstroom
 - Emgwenya
 - Machado

Section 3: Experience in Waste/Recycling

- Are you currently involved in waste collection, recycling, or related activities?
 Yes No
- If yes, please describe your experience (e.g. collecting, sorting, repairing, selling recyclables): _____

- How long have you been involved?
 Less than 6 months 6–12 months More than 1 year

Section 4: Interest & Motivation

- Why do you want to join this project? _____

- Why do you want to start a waste management business, and what impact do you hope to make in your community?

Section 5: Availability & Commitment

- Are you available to attend the orientation and all training sessions?
 Yes No
- Are you willing to participate fully in project activities?
 Yes No

Section 6: Declaration

I confirm that the information provided is true and correct.

Signature: _____

Date: _____

Completed forms can be submitted at all Emakhazeni Local Municipal offices or via email to:
waste@emakhazeni.gov.za