

APPLICATION FORM  
Technical and Vocational Training Program

Kindly complete all fields

Date of Submission of Application	
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**Section 1: Overview of Organization**

a. Organization Name (in English and Arabic)	
b. Acronym	
c. Organization Address	
d. Name and Title of Organization's Representative	Name: Title:
e. Contact Details	Tel: Email:
f. Focal Point of Contact for Application (Name and position in the organization)	Name: Title:
g. Email and Telephone Number of Contact person	Tel: Email:
h. Type of Organization	<input type="checkbox"/> NGO  <input type="checkbox"/> Technical Institute  <input type="checkbox"/> Other, Specify:
i. Have you previously worked with ANERA before	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. If you answered yes to item i., please specify the year, project, and courses implemented by your organization	

If new partner, please complete the Partner Assessment form attached & submit all related documents

**Section 2: Summary of Application**

Provide a brief summary of the application as per the sections below:

a. Total number of Courses proposed with subjects specified	
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<b>6</b>				
<b>Total number of proposed courses</b>			<b>Total budget for proposed courses (USD)</b>	

**Section 5: Outreach plan**

Kindly detail below your proposed outreach plan.

<b>a.</b> List all planned outreach activities and detail how they will be carried out	
<b>b.</b> Specify who will be responsible for carrying out outreach activities	
<b>c.</b> Specify the timeline of proposed outreach activities mentioned above	
<b>d.</b> Specify where (locations) outreach activities will be carried out.	

**Section 6: Physical Environment**

<b>a.</b> Number of classes available	
<b>b.</b> maximum capacity of available classroom (maximum number of students that each class can accomodate)	
<b>c.</b> Is an outdoor activity area available	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b> Is there a multipurpose room/hall?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate capacity:
<b>e.</b> Is the center and classrooms accessible to youth with disabilities?	If no, kindly explain what are the barriers?
<b>f.</b> Number of bathrooms available	
<b>g.</b> Does your center meet all the minimum requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No

	If no, please specify below what needs you may have to meet the minimum requirements to carry out the suggested TVT courses.
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**Section 7: Logistics**

<b>Transportation</b>	Is there a transportation need	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the estimated distance between homes of targeted beneficiaries and the centre?
	If yes, indicate the transportation modality to be used	<input type="checkbox"/> Transportation stipend to be provided to beneficiaries, please indicate average cost/student: _____ <input type="checkbox"/> Contracting buses and drivers as needed <input type="checkbox"/> Other (specify)
<b>Meals</b>	Describe the planned meals	
<b>Stationary</b>	Describe the stationary set you plan to provide for each beneficiary	

**Section 8: Motivational Activities Plan**

Kindly detail in the box below your planned motivational activities.

Activity	Timeline	Person responsible

**Section 9: Monitoring and Evaluation**

Place a tick next to each box to indicate commitment if you are selected as an ANERA Partner.

We commit to complete and share the following monitoring, evaluation, and reporting requirements in a timely manner:

Registration forms and a copy of the ID of each student registered in the course (defined as attended one or more sessions) within the first 10 days of course start date	
Student evaluation forms with scores of each student within the last 7 days of course end date	
Course evaluation forms (completed by beneficiaries) within 7 days after course completion	
Attendance forms for each session given at the end of each week	
Drop out report for each student who drops the course describing the reasons for drop out needed on a rolling basis	
Absenteeism report that demonstrates follow up action from the organization for each student showing reason for absenteeism given at the end of each week attached to the attendance form	
Apprenticeship Evaluation Form - Apprentice Perspective, to be filled by each beneficiary within one week of completing their apprenticeship	
Apprentice Provider Satisfaction Survey, to be filled by the apprenticeship provider within one week of completing apprenticeship with beneficiaries	
Graduation Kits Assessment Form, to be filled by beneficiaries who received graduation kits one month after receipt.	
Minutes of meeting with teachers and follow up within 7 days after meeting	
Any other relevant forms provided by ANERA during the course implementation	

**Section 10: Risk Assumptions and Actions**

<b>Risk assumptions and actions:</b> <i>Kindly describe in detail the organization's strategy in overcoming potential risk such as drop out of trainees, Internship Referral, referral to employment, safety risks related to the nature of the training, etc.)</i>	<b>Potential Risks</b>	<b>Proposed Actions</b>

**Section 11: Detailed Course Description**

Please fill in a form for each proposed course

<b>Course 1.</b>	
<b>Name of Course</b>	
<b>Course sector</b>	
<b>Is the Course certified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Duration of course (number of hours)</b>	
<b>Schedule (number of hours per week, total number of days/week)</b>	Number of hours per day: Number of days per week:
<p><b>Theoretical &amp; Practical Content</b> <i>(Please provide us with your latest curriculum for this course for both theoretical and practical content).</i></p> <p><i>*Note that ANERA encourages collaboration with private sector actors for course implementation.</i></p>	<p>Please provide a brief description of the course theoretical curriculum:</p> <p>% of course theoretical:</p> <p>Please provide a brief description of the course practical curriculum:</p> <p>Will the practical component take place in the center or in collaboration with private sector?</p> <p>Specify the number of work stations available:</p> <p>% of course practical:</p>
<b>Does this course meet the market needs in your specific location?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, give a brief description of the market need, and the methods that were used to get this information.</p> <p>If no, please give justification for proposing the course</p>

<p><b>Does your organization have previous experience training in this course subject?</b></p>	<p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>If yes, give a brief description of the previous experience Include information:</b></p> <p>1) Course details (course duration, certification, date of courses, no. of times taught, etc.)</p> <p>2) Student details (student profile, impact on students (ex. Number employed, further education, etc.)</p> <p><b>If no, please give justification for proposing the course</b></p>
<p><b>Equipment</b></p>	<p><b>Please provide a list of the necessary equipment needed to carry out the course. Specify which equipment you have available and which are needed.</b></p>
<p><b>Training materials</b></p>	<p><b>Please provide a list of the necessary training materials needed to carry out the course. Specify which materials you have available and which are needed.</b></p>
<p><b>Pre-requisites for course enrolment</b></p>	<p>Kindly specify if beneficiaries need to have completed a pre-requisite (example minimum educational training, age restrictions, etc.)</p>
<p><b>Planned Number of youth</b></p>	
<p><b>Nationalities</b> (provide estimated number of each nationality)</p>	<p>Syrian refugees:</p> <p>Lebanese:</p> <p>Palestinian Refugees in Lebanon (PRL):</p> <p>Palestinian Refugees from Syria (PRS):</p> <p>Others:</p>
<p><b>Gender</b> (provide estimated number of each gender)</p>	<p>Males:</p> <p>Females:</p>
<p><b>Persons with disabilities</b></p>	<p>Number:</p> <p>Type of disabilities:</p>

