RAMZAN WELFARE TRUST (RWT)

NATIONAL RESILIENCE PROGRAM (NRP) – PHASE I

SKILL DEVELOPMENT & VOCATIONAL TRAINING PROGRAM

BENEFICIARY APPLICATION, REGISTRATION & TRAINING NEEDS ASSESSMENT FORM

APPLICATION INFORMATION

Particulars	Details
Application No.	_____
Date of Application	____ / ____ / _____
Province	_____
District	_____
Tehsil	_____
Union Council	_____
Village / Mohalla	_____
Nearest City / Training Location	_____
Enumerator / Field Officer	_____
Training Batch No. (Office Use)	_____

SECTION A

APPLICANT'S PERSONAL INFORMATION

1. Full Name of Applicant

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2. Father's / Guardian's Name

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3. CNIC / B-Form Number

---

4. Gender

☐ Male

☐ Female

---

5. Date of Birth

____ / ____ / _____

6. Age

_____ Years

---

7. Marital Status

☐ Single

☐ Married

☐ Other _____

---

8. Mobile Number

---

9. WhatsApp Number (if available)

---

10. Email Address (if available)

---

11. Disability Status

☐ No

☐ Yes

If Yes, specify:

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12. Nationality

☐ Pakistani

SECTION B

RESIDENTIAL INFORMATION

Permanent Address

Province……. District……Tehsil……..Unioun Council……

Village / Mohalla……

Nearest Major City for Training

Approximate Distance from Training Centres

_____ KM

Transportation Available

☐ Public Transport

☐ Motorcycle

☐ Private Vehicle

☐ Bicycle

☐ Walking

☐ Other _____

SECTION C

EDUCATION & LITERACY PROFILE

Highest Education Level Completed

☐ No Formal Education

☐ Able to Read & Write Only

☐ Primary

☐ Middle

☐ Matric

☐ Intermediate

☐ DAE / Technical Diploma

☐ Bachelor's Degree

☐ Master's Degree

☐ Religious Education

☐ Other _____

Are you currently studying?

☐ Yes

☐ No

If Yes:

Name of Institution

Current Class / Level

Literacy Skills

Language	Can Read	Can Write
Urdu	☐	☐
English	☐	☐
Regional Language	☐	☐

Computer Literacy Level

☐ No Computer Knowledge

☐ Basic Computer Knowledge

☐ Intermediate Computer Skills

☐ Advanced Computer Skills

SECTION D

CURRENT EMPLOYMENT & LIVELIHOOD PROFILE

Current Status

☐ Unemployed

☐ Student

☐ Self-employed

☐ Daily Wage Worker

☐ Skilled Worker

☐ Private Employee

☐ Government Employee

☐ Housewife

☐ Apprentice

☐ Other _____

Current Occupation (if any)

Current Monthly Income (if any)

PKR _____

Previous Work Experience

Have you worked before?

☐ Yes

☐ No

If Yes:

Occupation / Trade

Duration of Experience

SECTION E

PREVIOUS SKILLS & TRAINING EXPERIENCE

Have you received any vocational or technical training before?

☐ Yes

☐ No

If Yes:

Name of Training Course

Training Institute

Training Duration

Year Completed

Certificate Available

☐ Yes

☐ No

Existing Skills / Experience

Please tick all applicable:

Garments & Fashion Skills

☐ Tailoring

☐ Dress Designing

☐ Cutting & Stitching

☐ Fashion Designing

☐ Embroidery

☐ Boutique Management

☐ Handicrafts

Food & Hospitality Skills

☐ Cooking

☐ Professional Cooking

☐ Baking & Bakery

☐ Food Processing

☐ Catering Services

☐ Restaurant Management

Beauty & Personal Care Skills

☐ Beautician

☐ Hair Styling

☐ Makeup Skills

☐ Salon Management

☐ Skin Care & Beauty Therapy

☐ Henna / Mehndi Designing

Technical Skills

☐ Electric Work

☐ Plumbing

☐ Welding & Fabrication

☐ Solar Technician

☐ Mobile Repairing

☐ Motorcycle Repairing

☐ Refrigeration & Air Conditioning

☐ Carpentry

☐ Construction Skills

Agriculture & Livelihood Skills

☐ Agriculture Skills

☐ Livestock Management

☐ Poultry Farming

☐ Kitchen Gardening

☐ Beekeeping

Digital & IT Skills

☐ Basic Computer Applications

☐ MS Office

☐ Graphic Designing

☐ Digital Marketing

☐ Social Media Management

☐ Freelancing

☐ E-Commerce

☐ Web Development

☐ Online Business Skills

☐ Other _____

SECTION F – Training Needs Assessment

- Three preferred trades
- Reason for selecting trades
- Market demand awareness
- Training duration preference:
    - 1 Month
    - 2 Months
    - 3 Months
    - 6 Months
- Hostel/residential requirement
- Transport requirement
- Training location preference

- Training schedule preference

SECTION G – Career Planning & Enterprise Development Assessment

- Employment plan after training
- Own business plan
- Required support:
    - Equipment
    - Tool Kit
    - Soft Loan
    - Grant
    - Technical Guidance
    - Marketing Support
    - EDT/Enterprise Development Training

SECTION F

TRAINING NEEDS ASSESSMENT & PREFERRED TRAINING AREA

1. Have you identified a specific skill/trade in which you want to receive training?

☐ Yes

☐ No

If Yes, please mention:

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2. Preferred Training Trade / Skill Area

Please mention your **three preferred training choices**.

First Preference

Trade / Skill:

Reason for Selecting This Trade:

Second Preference

Trade / Skill:

Reason for Selecting This Trade:

Third Preference

Trade / Skill:

Reason for Selecting This Trade:

3. Preferred Training Category

Please select your preferred area:

A. Garments, Fashion & Textile

☐ Tailoring

☐ Dress Designing

☐ Cutting & Stitching

☐ Fashion Designing

☐ Embroidery

☐ Boutique Management

☐ Other _____

B. Food & Hospitality

☐ Cooking

☐ Professional Cooking

☐ Baking & Bakery

☐ Food Processing

☐ Catering Services

☐ Restaurant / Kitchen Management

☐ Other _____

C. Beauty & Personal Care

☐ Beautician Course

☐ Hair Styling

☐ Makeup Skills

☐ Salon Management

☐ Skin Care & Beauty Therapy

☐ Henna / Mehndi Designing

☐ Other _____

D. Information Technology & Digital Skills

☐ Basic Computer Applications

☐ MS Office

☐ Graphic Designing

☐ Digital Marketing

☐ Social Media Management

☐ Freelancing

☐ E-Commerce

☐ Web Development

☐ Online Business Skills

☐ Content Creation

☐ Other _____

E. Technical & Mechanical Skills

☐ Electrician

☐ Solar Technician

☐ Plumbing

☐ Welding & Fabrication

☐ Mobile Repairing

☐ Motorcycle Repairing

☐ Refrigeration & Air Conditioning

☐ Carpentry

☐ Other _____

F. Agriculture & Livelihood Skills

☐ Modern Agriculture

☐ Livestock Management

☐ Poultry Farming

☐ Kitchen Gardening

☐ Beekeeping

☐ Other _____

SECTION G

TRAINING DURATION & PARTICIPATION PREFERENCE

1. Preferred Training Duration

Please select your preferred duration:

☐ 01 Month

☐ 02 Months

☐ 03 Months

☐ 06 Months

☐ Any duration recommended by Ramzan Welfare Trust

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2. Are you willing to attend the complete training programme?

☐ Yes

☐ No

---

3. Are you willing to attend practical sessions and assessments during training?

☐ Yes

☐ No

---

4. Preferred Training Schedule

☐ Morning

☐ Afternoon

☐ Evening

☐ Flexible Timing

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5. Training Location Preference

☐ Within My District

☐ Nearest Major City

☐ Any Location Assigned by Ramzan Welfare Trust

SECTION H

HOSTEL / RESIDENTIAL & TRANSPORT REQUIREMENT

(Training will be conducted in designated training centres located mainly in major cities.)

1. Do you require hostel/residential accommodation during training?

☐ Yes

☐ No

If Yes, provide reason:

☐ My village is far from training centre

☐ Daily transport is not available

☐ Safety/comfort reasons

☐ Other _____

---

2. Do you require transport support?

☐ Yes

☐ No

---

3. Are you willing to stay away from your home during the training period?

☐ Yes

☐ No

---

4. Emergency Contact Person

Name:

Relationship:

Mobile Number:

SECTION I

CAREER PLANNING AFTER COMPLETION OF TRAINING

1. What is your plan after completing the training?

☐ Start My Own Business

☐ Seek Employment

☐ Work as Skilled Worker

☐ Join Existing Family Business

☐ Continue Advanced Training

☐ Freelancing / Online Work

☐ Other _____

2. How will you benefit from this training?

(Please explain)

3. Do you believe this training will help you increase your income?

☐ Yes

☐ No

☐ Not Sure

4. Expected Monthly Income After Completion of Training

PKR _____

SECTION J

ENTREPRENEURSHIP & BUSINESS DEVELOPMENT ASSESSMENT

1. Do you have a plan to start your own business after completing training?

☐ Yes

☐ No

☐ Maybe in future

If Yes:

2. What type of business do you want to establish?

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3. Where do you plan to establish your business?

☐ Home-based Business

☐ Village / Community Level

☐ District Level

☐ City Level

☐ Online Business

☐ Other _____

---

4. Do you already have a place for business?

☐ Yes

☐ No

If Yes, specify:

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5. Do you have any previous business experience?

☐ Yes

☐ No

If Yes, explain:

SECTION K

POST-TRAINING ENTERPRISE SUPPORT REQUIREMENTS

If you plan to start or expand a business, what support would you require?

(Select all applicable)

☐ Tool Kit

☐ Equipment

☐ Machinery

☐ Raw Material Support

☐ Business Start-up Grant

☐ Soft Loan / Interest-Free Loan

☐ Entrepreneurship Development Training (EDT)

☐ Enterprise Development Training

☐ Technical Guidance

☐ Business Mentoring

☐ Marketing Support

☐ Product Branding Support

☐ Product Packaging Support

☐ Digital Marketing Support

☐ E-Commerce Support

☐ Business Registration Support

☐ Market Linkages

☐ Other _____

---

6. What specific equipment/tools would you need to start your business?

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7. Estimated Start-up Cost Required

PKR _____

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8. How much contribution can you make from your own resources?

PKR _____

SECTION L

APPLICANT MOTIVATION & COMMITMENT ASSESSMENT

Why do you want to join this training?

How will this training help you?

☐ Improve employment opportunities

☐ Start own business

☐ Increase income

☐ Learn a new skill

☐ Other _____

Are you committed to completing the full training?

☐ Yes

☐ No

Are you willing to attend practical sessions regularly?

☐ Yes

☐ No

SECTION M

DOCUMENT CHECKLIST

Please attach available documents:

Document	Attached
CNIC / B-Form Copy	☐
Two Passport Size Photographs	☐
Educational Certificate (if available)	☐
Previous Training Certificate (if available)	☐
Disability Certificate (if applicable)	☐
Any Other Supporting Document	☐

SECTION N

APPLICANT DECLARATION

I certify that the information provided in this application is true and correct. I understand that Ramzan Welfare Trust may verify my information and selection will be based on eligibility, motivation, and availability of training resources.

Applicant Name:

Signature / Thumb Impression:

Date:

____ / ____ / _____

SECTION O

COMMUNITY VERIFICATION

Verified By:

Name _____

Designation _____

Organization _____

Mobile Number _____

Recommendation:

☐ Recommended

☐ Not Recommended

Remarks:

Signature:

Date:

____ / ____ / _____

SECTION P

FIELD OFFICER ASSESSMENT

Applicant Suitable for Training:

☐ Yes

☐ No

Motivation Level:

☐ High

☐ Medium

☐ Low

Entrepreneurship Potential:

☐ High

☐ Medium

☐ Low

Recommended Training Trade:

Recommended Duration:

☐ 1 Month

☐ 2 Months

☐ 3 Months

☐ 6 Months

Field Officer Remarks:

Name & Signature:

Date:

____ / ____ / _____

SECTION Q

OFFICE USE ONLY (RWT)

Application Status:

☐ Approved

☐ Wait List

☐ Rejected

Approved Training Trade:

Training Duration:

☐ 1 Month

☐ 2 Months

☐ 3 Months

☐ 6 Months

Hostel Required:

☐ Yes

☐ No

Enterprise Support Potential:

☐ Yes

☐ No

Recommended Future Support:

☐ Equipment

☐ Tool Kit

☐ Grant

☐ Soft Loan

☐ Technical Guidance

☐ Marketing Support

☐ EDT / Enterprise Training

Approved By:

Name _____

Designation _____

Signature _____

Date ____ / ____ / _____

ANNEXURE-I

BENEFICIARY SELECTION SCORECARD (100 MARKS)

Criteria	Marks
Motivation & Commitment	20
Relevance of Selected Trade	20
Education & Learning Ability	15
Previous Skills/Experience	15
Employment/Business Potential	20
Vulnerability & Need Assessment	10
Total	**100**