

APPLICATION FORM

Volunteer Facilitator
Participatory Poverty Assessment (PPA)
The National Assessment of Living Conditions
Cayman Islands Government



Full name: _____ Age: _____

Street address: _____

Mailing address: _____

Telephone contacts: _____ Email address: _____

Please state your place of employment and your current position: _____

If retired, state former employment that provided relevant experiences: _____

Are you willing and able to participate fully in all training sessions? Yes No

Are you committed to participating in the research process through to the end? Yes No

Do you have experience in doing community work in cayman or elsewhere? Yes No

If yes, in what capacity? _____

Are you willing and able to work as a part of a team? Yes No

Have you been previously involved in doing any type of research? Yes No

If yes, give name(s) and date(s) of project(s) and describe your role(s): _____

Why do you wish to be involved in the participatory poverty assessment of the national assessment of living conditions? _____

What positive contribution do you feel you will be able to make to this study? _____

I understand and agree that if i am selected as a facilitator for the PPA I will be bound by the terms of the confidentiality agreement I will be required to sign.

Name: _____ Signature: _____

Witness: _____ Dated: _____

IF YOU ARE SELECTED YOU WILL BE CONTACTED PRIOR TO THE 4TH DECEMBER 2006 TRAINING.

Completed application forms are to be returned to the attention of Patricia Muschette, third floor, Government Administration Building, Patricia.Muschette@gov.ky, telephone 244-2375 or fax 949-1790.