

Child Labour Service Provider Application_Organisation

				Date:	
		Α	pplicant Information	on	
Name of Organisation: Address:		ation:	Registration Type		
Contact person & number: Website:		& : 	Email		
			Expertise		
	1.	Areas of expertise:			
	2. List the major projects or services your organisation has been involved in during the last three years:				e last three years:
	No.	Project Name, Purpose & Duration	Output	Clients Involved	Staff Involved ¹
	1				
	2				
	3				

¹ Only staff who intend to join this programme should be included here.



4		
5		

Staffing

3. List of participating staff (minimum of one staff - accreditation will be given to staff and organisation in combination only)

No.	Full name & gender	Nationality & city of residence	Job Position, Expertise & Experiences with years	Service years in the organisation	Able to travel (yes/no)
1					
2					
3					
4					
5					

4. Staff turnover rate over the last three years

Year	No. of Staff	Turnover Rate
2020		
2019		
2018		

Appendix

5. A copy of the business registration if applicable