

NATIONAL YOUTH AUTHORITY GHANA



APPLICATION FORM

(REGISTRATION OF YOUTH ORGANISATION)

**In accordance with
National Youth Authority Act, 2016 (Act 939)**

1. General Information on Group/Association:

i. Name

ii. Acronym (If any)

iii. Status Youth-led Youth-focused Both

Date/Year of Establishment:

(a) Vision

(b) Mission

(c) Specific Objectives

1
2
3

2. Operational Profile

(a) Geographical coverage:

(i) No. of Operational Region(s) and indicate:

.....

(ii) No. of Operational District(s)

State and Indicate Region(s)

.....

.....

Membership No:

i) No. of Males No. of Females

ii) Registration Status: National Regional District

iii) Education

Males	Age Range	Level of Education	No. In School	No. out of School
		JHS		
		Secondary		
		Tertiary		
		Other		
Females	Age Range	Level of Education	No. in School	No. out of School
		JHS		
		Secondary		
		Tertiary		
		Other		

(b) Physical location(s):

- i) Building No.....
- ii) Street Name
- iii) Town /Region.....
- iv) Digital Address (Optional).....

(c) Contact details:

Phones	
E-mail(s)	
Postal	
Website(s)	
Other(s), Specify	

(d) Focus of Operations / Services / Specialty: *Kindly tick maximum (3) appropriate youth policy priority areas of your group/organization*

HUMAN DEVELOPMENT AND TECHNOLOGY

- Education and Skills Training
- Science, Research and Technology
- Information and Communication Technology (ICT)
- Health, HIV and AIDS
- Environment
- Youth in Media and Entertainment

ECONOMIC EMPOWERMENT

- Youth and Employment
- Entrepreneurial Development
- Youth in Modern Agric
- Youth and Vulnerability

YOUTH PARTICIPATION, GOVERNANCE AND LEADERSHIP

- Gender Mainstreaming
- Networking and Partnership
- Mentoring
- Governance, Democracy and Leadership
- Youth in Conflict Prevention and Peace Building
- Youth Patriotism and Volunteerism

CULTURE, RECREATION AND NATIONAL ORIENTATION, SPORTS

- Sport and Recreation
- Nationalism and Conscientization of the Youth

4 Directorate:

(a) Management

Name	Title	Contact

(b) Support Staff:

No. of Personnel (Paid)	Males:	Females:
No. of Volunteers / Interns	Males:	Females:
Key Partners / Collaborators	1.	
	2.	
	3.	
Other(s)		

1 **Registrations and/or Affiliations:**

Name of Entity	Type of Affiliation	Date of Registration or Affiliation	Status

2 **Source of Funding**

Source(s)	Remarks
Dues	
Levy	
Registrations	
Donation(s)	
Other(s)	

Bankers

1 A/C No.....

2 A/C No.....

3 Management Statement and Declaration of Commitment to the National Youth Authority Act, 2016 (Act 939):

NB: Please Attach Copies of the Following Documents when submitting the Form.

1. Constitution
2. Resolution (if any)
3. Registration certificates with other affiliate bodies (Registrar General Department, NBSSI, Amalgamated Club etc.)

