



WOMEN EDUCATIONAL RESEARCHERS OF KENYA  
*Linking Research to Advocacy and Action*

1171 ARGWINGS KODHEK, NEXT TO KILIMANI PRIMARY SCHOOL

P.O.BOX 10565-00100, NAIROBI, KENYA

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## INDIVIDUAL MEMBERSHIP REGISTRATION FORM

### -ASSOCIATE MEMBERS-

#### A. PERSONAL DETAILS

i. Name:

\_\_\_\_\_

ii. Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

iii. Gender:      Female            Male     

iv. Nationality: \_\_\_\_\_

ID/ Passport Number (optional): \_\_\_\_\_

v. Postal address:

P.O.BOX

Code:

City:

Country:

\_\_\_\_\_

vi. Telephone number:

\_\_\_\_\_

vii. Cell phone: \_\_\_\_\_ / \_\_\_\_\_

viii. Email address:

a. \_\_\_\_\_

b. \_\_\_\_\_

**B. PROFESSIONAL INFORMATION:**

i. Skills and Qualifications attained (specify) \_\_\_\_\_

Degree (specify) \_\_\_\_\_

Diploma (specify) \_\_\_\_\_

Certificate (specify) \_\_\_\_\_

Short-term training (specify) \_\_\_\_\_

Any other (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. Are you employed? Yes:  No:

If yes, give the following details:

a. Name of current Employer: \_\_\_\_\_

b. Telephone contact of employer/work place: \_\_\_\_\_

If not employed, what are you currently doing?

\_\_\_\_\_  
\_\_\_\_\_

iii. What is your **vision** (in brief)?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**C. INTERESTS AND ACTIVITIES**

Programme and Project Activities

i. Are you a member of any association, organization, community or social group?

Yes:  No:

a. If yes, please name the organization

\_\_\_\_\_

b. What thematic area(s) does the organization cover?

Education  HIV/AIDS  Environment

Policy  Gender  Substance and drug abuse

Other (please specify)

\_\_\_\_\_

**D. INDIVIDUAL STRENGTHS AND CHALLENGES**

i. What areas interest you about WERK?

\_\_\_\_\_  
\_\_\_\_\_

ii. What are your key strengths or capacities?

\_\_\_\_\_  
\_\_\_\_\_

iii. Attach your **detailed curriculum vitae**

Sign:

\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**E. FOR OFFICIAL USE ONLY**

Checked by:

Full name:

Signature:

Date:

Approved

Declined

**Approved by:**

Full name:

Signature:

Date:

If application declined reason for decline.

Official stamp

**N/B: Please submit this form along with a copy of your curriculum vitae to WERK for consideration;  
Via e-mail, to [werk@werk.co.ke](mailto:werk@werk.co.ke) or drop a hard copy to our office per the address below.**



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