

REPUBLIC OF KENYA



GOVERNMENT OF MAKUENI COUNTY



DEPARTMENT OF GENDER, CHILDREN, YOUTH, SPORTS & SOCIAL SERVICES
P.O BOX 78 – 90300
MAKUENI

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YOUTH EMPOWERMENT - FY 2025/2026

MOTOR VEHICLE DRIVING TRAINING AND LICENCING APPLICATION FORM

The Motor Vehicle Driving Training and boda boda support programme seeks to address the increasing road safety challenge in the motorcycle public transport (Boda Boda) sector in Makueni. The programme seeks to enhance skills through training of boda boda riders and other youths with motor vehicle training and issuance of provisional driving licences. This program will economically empower youth increasing their employability opportunities.

BACKGROUND INFORMATION

1. Applicant Name.....
2. Date of birth.....
3. ID Number (attach a copy).....
4. Contact/Phone number:.....Alternative Contact No:.....
5. Level of Education:(Tick the highest level of education)

Qualification	Tick
Degree Certificate	
University Student	
Diploma/Vocational Student	
Form 4 Certificate	
Secondary but did not reach form 4	
Standard 8 Certificate	
Primary but did not reach standard 8	

6. Resident/Contact Details

Sub-county:.....Ward:.....Sub-Ward.....

Village/Estate.....Street/Road Name.....

Landmark near your location(Building name,School,market,church,shopping center).....

7. Any Prior experience and Training

i) Are you in the transport sector

Boda boda sector?

Yes [] No []

Public transport – (Matatus, lorries any other)

Yes [] No []

If yes please give details on kind of business you do.

.....
.....

If no,please give your reasons

.....

ii) Are you in any business SACCO or youth group?

Yes [] No []

If Yes please give details

.....
.....

If No please you're your

why?.....

.....

iii) What Other skills training do you have?

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CONFIRMATION

I.....(Full Name) confirm that the information provided here above is true and accurate.I accept that the decision made shall be in line with the eligibility requirements and guided by the operational processes governing the motor vehicle program selsection process.

Signature.....Date.....

Date Application Received.....Stamp.....