

**TuWezeshe Application Form 2025**

**Thanks for applying to the TuWezeshe young women leadership programme. This programme is designed to enable young Black and minority ethnic (BAME) women (ages 18 – 30) to nurture their leadership style, build sisterhood and become change makers.**

# **PERSONAL INFORMATION**

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| First Name: Surname:  |
|  | Mobile Number: |
| Date of birth: |
| Place of residence: above address |
| How did you hear about this TuWezeshe fellowship programme?  |
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| Are you available for the full training and fellowship period? (Please note that the training is 1year) |
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### **REFEREES**

Please name two referees, excluding relatives that we can contact about providing a personal or professional reference about you. Acceptance to the programme is subject to satisfactory references.

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**ADDITIONAL SPECIAL NEEDS**

Please tell us of any support needs you may have that we need to know to help your commitment to the programme.

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**EDUCATION, EXPERIENCE AND SKILLS**

Please tell us why you are applying to join this fellowship and outline how you meet the fellowship’s criteria. Include educational background, skills, training or experience that is relevant to the fellowship, your personal goals or interests. **[300 words max**]

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**PROJECT PITCH**

Please write a short statement about your area of interest for the Social Action Project you would like to undertake in tackling violence against women and girls and why you are interested in tackling this aspect of VAWG if you are accepted to the fellowship. [**250 words max].**

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**ADDITIONAL INFORMATION**

Please give details of hobbies, interests and any other exciting things about you that might be of interest or relevant to the fellowship: **[100 words max]**

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**DATA PROTECTION**

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| Any information obtained and held by FORWARD in this project will only be used as part of the recruitment and selection process. It is regarded as strictly confidential and will be stored securely.I consent for my information to be stored within FORWARD’s records and computerised filing systems.  NAME: SIGNED: DATE: |

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| I confirm that all the above information is correct. Any misinformation will result in the immediate dismissal of my application.SIGNED: DATE: |