



YOUTH PROGRAMME PROPOSAL SUBMISSION FORM

Please complete every section of this form to ensure you provide adequate information for the selection of your activity.

Please send your completed form to: youthprogramme@icasa2019rwanda.org

The deadline to receive submissions is: **1ST July, 2019.**

Notification of selected sessions/activities will be sent out in **September 2019.**

Section 1: Youth Programme Session/Activity

Title:

Activity Type:

Youth Programme Session Type: (Please click on type session/activity below)

- Youth Special Session
- Youth Pre-conference session
- Youth Pavilion Activity

Organizer(s): Please provide the name of the youth organization(s) or network(s) organizing this programme/session/activity

Description of the activity (200 Words)

Objectives (What objectives does your session/activity aims to achieve)

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Format/Method: *Provide an outline of how your proposed youth programme session/activity will be conducted.*

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Target Audience: Specify the group(s) that would most benefit from attending your activity (e.g, Youth, Key Populations, clinicians, nurses, community activity organizers, program managers, policy-makers, researchers, advocates, etc.)

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Expected outcome (What are the expected outcomes by the end of your proposed programme/session)

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Additional Information (150)

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Section 1: Contact Information

Please provide details of **ALL** Youth Programme session/activity organisers (5 for performance and 3 for session). Please use an additional page, if necessary.

Organizer(s)	Organizer 1	Organizer 2	Organizer 3
Title:			
First Name:			
Last Name/Surname:			
Gender (Female/Male/Other)			
Nationality:			
Date of Birth			

Main Address:

Company, Institution, Organization			
Department/Program			
Zip/Postal Code/Street			
City, State/Province			
Country			
Communication Details:			
Telephone	(+)	(+)	(+)
Mobile	(+)	(+)	(+)
Fax	(+)	(+)	(+)
Preferred Email			
Alternative Email			

For more information, please contact youthprogramme@icasa2019rwanda.org