

REGISTRATION FORM: Young Feminist Women Leading in Zimbabwe, Powered by PHOEBE Centre



Section 1: Personal Information

1. Full Name: _____
2. Date of Birth (DD/MM/YYYY): _____ 3. Age: _____
4. Phone Number (WhatsApp preferred): _____ 5. Email Address: _____
6. Residential Address: _____
7. District/Province: _____

Section 2: Education & Background

8. Current Education Status (tick one):
 - ☐ High School
 - ☐ College/University
 - ☐ Planning to Enroll
 - ☐ Other (please specify): _____
9. Name of School/Institution (if applicable): _____

Section 3: Motivation and Interests

10. Have you ever experienced mental health challenges such as depression, anxiety, or stress?
 - ☐ Yes ☐ No
 - (If yes, you may briefly describe your experience — optional)

11. Why are you interested in joining this program? (max 150 words):

12. What do you hope to gain or learn from this program?

13. Which of the following topics interest you most? (tick all that apply):

- ☐ Mental Health & Wellbeing
- ☐ Feminist Leadership
- ☐ SRHR (Sexual & Reproductive Health and Rights)
- ☐ Public Speaking
- ☐ Peer Support & Healing
- ☐ Community Advocacy
- ☐ Other: _____

Section 4: Consent & Media Use

14. Do you give PHOEBE Centre permission to use your photos/videos taken during the program for awareness and publicity purposes?
 - ☐ Yes ☐ No
15. Do you require any accessibility or special support during sessions?
 - ☐ Yes ☐ No
 - (If yes, please specify your needs below)

Section 5: Declaration

I declare that the information provided above is true and correct. I understand that participation in this program is voluntary and will be guided by the principles of confidentiality, inclusivity, and respect.

Signature: _____

Date: _____