📣 CALL FOR APPLICATIONS!

🔧 TRAINING ON REPAIR & MAINTENANCE OF ASSISTIVE DEVICES

TUPADO invites applications from interested community members to participate in a practical training on repair and maintenance of assistive devices, under the Turkana Inclusive Livelihood and Resilience Project (TILRP).

👥 WHO CAN APPLY?

- ✅ Residents of **Kalokol and Kang'atotha Wards**
- ✅ Persons with basic technical, mechanical, welding, carpentry or repair skills
- ✅ Youth and women interested in developing technical skills
- ✅ **Persons with disabilities are strongly encouraged to apply**
- ✅ Applicants must be willing and available to attend the full training

🛠️ TRAINING WILL COVER:

- Basic repair and maintenance of wheelchairs
- Repair of crutches and walking aids
- Identification of common faults
- Safe use of repair tools and equipment
- Routine maintenance and adjustments
- Basic referral of complex repairs

📝 HOW TO APPLY

Interested applicants should provide:

1. Full name
2. Phone number
3. Village and Ward
4. Copy of ID
5. Age and gender
6. Technical/repair experience or training, if any
7. Brief reason for applying
8. Submit the above information through the application forms

🔑 **Submit applications to:** TUPADO Office in Lodwar.

📅 **Application deadline: 9/9/2026**

☆ **Women, youth and persons with disabilities are especially encouraged to apply!**

TURKANA INCLUSIVE LIVELIHOOD AND RESILIENCE PROJECT (TILRP)

APPLICATION FORM – TRAINING ON REPAIR & MAINTENANCE OF ASSISTIVE DEVICES

Instructions: Complete all applicable sections. The training is intended to develop local capacity to provide basic repair and maintenance services for assistive devices.

A. PERSONAL DETAILS

Full Name: _____

Phone Number: _____

Village: _____

Ward: ☐ Kalokol ☐ Kang'atotha

Age: _____ years

Gender: ☐ Female ☐ Male ☐ Other: _____

Person with Disability: ☐ Yes ☐ No ☐ Prefer not to say

B. EDUCATION & TECHNICAL EXPERIENCE

Highest Education Level:

☐ Primary ☐ Secondary ☐ TVET/Technical ☐ Other: _____

Do you have technical/repair skills or training?
☐ Yes ☐ No

If yes, specify: _____

Area(s) of experience – tick all applicable:

☐ Welding/metalwork
☐ Mechanics
☐ Bicycle repair
☐ Carpentry
☐ Plumbing
☐ Electrical work
☐ General repairs
☐ Assistive device repair
☐ Other: _____

Years of relevant experience:

☐ None ☐ Less than 1 year ☐ 1–2 years ☐ 3–5 years ☐ More than 5 years

C. MOTIVATION & COMMITMENT

Why would you like to undertake this training?

_____

_____

What do you intend to do after the training?

_____

_____

_____

_____

Are you available to attend the full training?

☐ Yes ☐ No

Are you willing to provide repair/maintenance services to persons with disabilities after training?

☐ Yes ☐ No

D. DECLARATION

I confirm that the information provided above is accurate and that, if selected, I will attend the training and make use of the skills gained to support repair and maintenance of assistive devices in the community.

Applicant Name: _____

Signature/Thumbprint: _____ **Date:** _____