



EWEI PARTNERSHIP REQUEST FORM 201808

Please complete this form if you are interested in becoming a partner of Empowering Women for Excellence Initiative (EWEI). We will be in touch once it has been reviewed. Thank you. Please be sure to email it to us at contact@eweing.org in addition to the requested support documents listed at the end of this form, keeping the head of your organisation or your direct supervisor (where it applies) in the copy of all correspondence.

Field	Details
Organisation name	
Physical address	
Phone number	
Postal address	
Email address	
Website	
Online Presence: Links to social media/online profiles	
Facebook	
Twitter	
Instagram	
LinkedIn	
Tumblr	
Pinterest	
YouTube	
SlideShare	
Others	
Organisation description: What do you do? What is your mission and vision? What are your values?	
Focal person (if different from above) designation, name and official contact details (email and phone number)	
Head of Organisation designation, name and official contact details (email and phone number)	



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Field	Details
How did you hear about EWEI?	
What is the location of the proposed partnership activities (if you already know)?	
How many people will benefit? Who are they: women, men, girls, boys?	
How have you gotten access to them? What channels did you follow and what influencers/community leaders did you engage? Is there anything we need to know about them?	
<i>Do you wish to collaborate on any specific EWEI Project, if yes explain how in the spaces provided? If not indicate others. Click on the project to find out more about the project.</i>	
<u>Economic Empowerment Partnerships (EEP)</u>	
<u>Educational Subsidy Programme (ESP)</u>	
<u>Empowerment Seminar (ES)</u>	
<u>EWEI NEWS</u>	
<u>EWEI Online</u>	
<u>Civic Education and Participation for Women Project (CEPWOP)</u>	
<u>Getting Involved (GI)</u>	
<u>Know and Say No (KSN)</u>	
Others	
If others, please describe.	



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Why do you want us to partner together?	
How long do you envisage this partnership to last? One event/activity, a project or long term?	
Are you willing to sign an MoU to consolidate our partnership?	
Is there anything else you would like us to know?	

Full Name and Designation	
Date of Submission	

Kindly return completed form in addition to your organisational profile, a copy of your legal registration, and any reports of your previous work.