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**ITC/JSF/NACOFAG AGRO PROCESSING APPRENTICESHIP PROGRAM**

**APPLICATION FORM**

1. **PERSONAL INFORMATION**

**Last Name** ………………………………………………………………….

**First Name** ……..…….………………………………………………..

Date of Birth ………………………………………………………………

Gender: Male  Female 

Phone Number …………………………………………………………..

E-Mail Address ………………………......................................

**Highest Level Education Tick)**

1. Lower Basic school
2. Upper Basic school
3. Senior Secondary school
4. Literacy and numeracy
5. Arabic

**PREVIOUS EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **SCHOOL/ INSTITUTION /ORGANISATION** | **NAME OF THE PROGRAM** | **YEAR** | |
| **FROM** | **TO** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**PREVIOUS TRAINING**

PREVIOUS TRAINING

PREVIOUS TRAINING

1. Region**………………………………………………………………..**

Home Address……………………………………………………..

WatsApp Number: ……………………………………………………

Nationality: ………………………………………….....................

Name of Parent / Guardian ……………………………………..

Phone Number: ………………….……………………………….....

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **INSTITUTION /ORGANISATION** | **NAME OF THE PROGRAM** | **YEAR** | |
| **FROM** | **TO** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

1. Are you currently employed? Yes  No 

b. If yes, how long you been employed? ……………………..

1. Are you currently operating a business? Yes  No  b. If yes what type of business is it? ……………………………………….
2. What do you plan to achieve after your training program? ..............................................................................

………………………………………………………………………………………………………………………………………………………………………

1. Are you willing to commit 18 (eighteen) months for Masonry apprenticeship and or 14 (fourteen) months for those interested for Agro processing apprenticeship to successfully complete the program?

Yes  No 

1. Please submit along this form at least one of the following documents:
2. Copy of birth certificate
3. Copy of identity card
4. Copy of passport
5. Copy of voters card
6. Copy of previous similar training certificates if available.
7. Names of two referees with their address and contact numbers:

1. …………………………………………………………………………………………………………………………………………………………
2. ………………………………………………………………………………………………………………………………………………………..

**Applicant’s Signature**: ……………………………………….. **Date:** ………………………………………..

**NB: Please note that the training will take place only in places identified by the Program facilitators.**