***Master Trainer Program***

***For the Promotion of the Cashew Value Chain in West Africa***

***Edition 3***

**Annex 1:** Application form for the Master Trainer Program

(To be completed by each applicant)

|  |  |
| --- | --- |
| Applicant’s surname and given names |  |
| Date of birth | Day | Month | Year | Nationality | Telephone | E-mail |
|  |  |  |  |  |  |
| Permanent address |  |
|  |
|  |
| Profession |  | Professional expertises | 1 |
| 2 |
| 3 |
| Name of affiliated organization  |  | Responsibilities and roles within the organization |  |
| Name of the person in charge of the organization |  | Function |  |
| List reasons why your organization supports your application | 1. |
| 2. |
| 3. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Major activities of the organization |  |  |  |  |
| Describe your experiences andskills motivating you to apply for the Master Trainer program.  |  |
| Areas in which you have prior training that can contribute to the training program (especially agricultural products) | 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| Languages | English | French | Other – (specify) |
| Written  | Spoken | Understanding | Written | Spoken | Understanding | Written | Spoken | Understanding |
| In not more than 100 words summarize your profile and interest in the program  |  |

|  |  |
| --- | --- |
| Please enter here, topics you wish to receive training on (provide useful information of interest) |  |
| Terms of reference | By applying to the Master Trainer program, my organization and I have understood and accepted that I shall be available throughout the training process. The main reason for my participation in the program is to develop technical and professional skills. I am aware that this goal can only be achieved through continuous learning and interactions with other program participants.My organization and I have understood and accepted that my presence or absence and my participation or non-participation in any session and activity will have an impact on the overall program and other participants. Thus, by submitting my application to the program, I give my consent to engage effectively in all activities related theretoKnowingly, my application is submitted for consideration. |
| Place: |  | Date:  |  |
|  |

|  |  |  |
| --- | --- | --- |
| Name and Approval of employer |  | Name and signature of candidate |