***Master Trainer Program***

***For the Promotion of the Cashew Value Chain***

***Edition 7, 8, 9***

**Application form**

(To be completed by each applicant)

**Personal information:**

Photo

Surname:

Given name (s):

Profession:

Nationality:

Date *(day/month/year)* and place of birth:

Country of residence:

Telephone: (+………)

E-mail:

Permanent address:

**Business line in the cashew value chain**

**(Please tick ONLY ONE BOX, the main one)**

* Production
* Processing
* Trade/ Marketing
* Finance
* University/ Research
* Extension Service
* Government/ Ministry
* Project and development programme
* Other (Precise): …………………………..

**Education:**

***(Chronologically from most recent to oldest)***

|  |  |  |  |
| --- | --- | --- | --- |
| Duration  *(month/year)–(month/year)* | Subject | Content | Final qualifications Diploma / Certificates  *(A copy will be required)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Short-term training:**

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Subject | Content | *Intended target groups.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Professional experience:**

***(Chronologically from recent to oldest)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration | Country | Employer | Position | GIZ1) |
|  |  |  |  |  |
| Project/ Tasks/Management experience | | | | |
| *Name of the project*   * Assigned tasks | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration | Country | Employer | Position | GIZ1) |
|  |  |  |  |  |
| Project/ Tasks/Management experience | | | | |
| *Name of the project*   * Assigned tasks | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration | Country | Employer | Position | GIZ1) |
|  |  |  |  |  |
| Project/ Tasks/Management experience | | | | |
| *Name of the project*   * Assigned tasks | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration | Country | Employer | Position | GIZ1) |
|  |  |  |  |  |
| Project/ Tasks/Management experience | | | | |
| *Name of the project*   * Assigned tasks | | | | |

1. Mark if GIZ was the employer.

**Experiences as trainer:** 

**Do you have a trainer experience?**  **Yes** **No**

**If yes, kindly fill the table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/Year | Country | Subject | Duration | GIZ1) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Special skills:**  *(Indicate experiences in data processing methods and programs used)* |

**Language skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Spoken | Written | Read | Experience abroad  *(Year/Country)* |
| FRENCH |  |  |  |  |
| ENGLISH |  |  |  |  |
| BILINGUAL (FRENCH AND ENGLISH) |  |  |  |  |
| OTHER (PLEASE SPECIFY) |  |  |  |  |

1=excellent; 2= good; 3=intermediate; 4= basic; 5= none

|  |
| --- |
| **Remark:**  *(Other special interest, hobbies, publication, etc.)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Function in the host organisation |  | Professional expertise | 1 |
|  | 2 |
|  | 3 |
| Name of the host organization |  | Responsibilities and roles within the organization |  |
| Name of the person in charge of the organization |  | Function |  |
| **Email Address** |  |
| Name of the direct  supervisor |  | Function |  |
| **Email Address** |  |
| Type of organization Private ⏮  Public ⏮  NGO ⏮ Consultant ⏮  Project and Program ⏮ |  | Please tick the relevant box |  |
| List reasons why your organization supports your application | 1. | | |
| 2. | | |
| 3. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Major activities of the organization |  |  |  |  |
| Describe your experiences and skills motivating you to apply for the Master Trainer program. |  | | | |
| Areas in which you have prior training that can contribute to the training program (any agricultural products) | 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 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 sessions and activities related thereto.  Knowingly, my application is submitted for consideration. | | |
| Place: |  | Date: |  |
|  | | | |

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