***Master Trainer Program***

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

***Editions 10, 11, 12***

**Application form**

(To be completed by each applicant)

**NB**: The current form should be duly completed and sign by the persons required (applicant and employer), at the risk of not being accepted when appropriate

1. 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:

1. Business line in the cashew value chain

**(Please select and tick ONE)**

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

1. Education:

|  |  |  |  |
| --- | --- | --- | --- |
| Degree / Certification | Field of Study | Institution | Year (s) of Study |
|  |  |  |  |
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1. Short-term training received:

|  |  |  |
| --- | --- | --- |
| Date | Field | Content |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Professional experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Position | Organization | Country | City / Town | Role |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Position and date of service | Organization | Country | City / Town | Role |
|  |  |  |  |  |

**Do you have experience in the cashew sector? (Please tick)**

**No**

**Yes**

**If yes for how long are you working in the cashew sector?**

**…………………**

|  |
| --- |
| **Special skills eg: Grafting, data protection, analysis, computer…** |
| Please name them: |

1. Experiences as trainer:

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month/Year | Country | Subject | Duration | GIZ1) |
|  |  |  |  |  |
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1. 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.)* |

1. Organization and motivations

|  |  |
| --- | --- |
| Name of the current organization  (Your host organization) |  |
| Position in the current organization |  |
| Function, responsibilities and roles within the organization |  |
| Name of the person in charge of the organization |  |
| Position |  |
| **Email Address** |  |
| Name of the direct  supervisor |  |
| Position |  |
| **Email Address** |  |
| Type of organization  **(Please tick the main one)** | **Private ⏮**  **Public ⏮**  **NGO ⏮**  **Consultant ⏮**  **Project and Program ⏮**  **Other (Please precise) ⏮** |
| List reasons why your organization supports your application | 1. |
| 2. |
| 3. |
| Major activities of the organization |  |
|  |
|  |

|  |  |
| --- | --- |
| What is your motivation for applying to the Master Training Programme (MTP)? |  |
|  |
|  |
| How did you get to know the MTP? |  |
| Areas in which you have prior training that can contribute to the training program (any agricultural products) |  |
|  |
|  |
| Please enter here, topics you wish to receive training on. |  |
|  |
|  |

|  |  |
| --- | --- |
| In not more than 100 words summarize your profile and interest for the programme |  |
|  | |

1. Terms of applications

|  |  |  |  |
| --- | --- | --- | --- |
| Terms of applications | 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. | | |
| **If you are selected how do you want your name to be written on your certificate?** |  | | |
| Place: |  | Date: |  |

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