

**APPLICATION FORM**

**“Transformation of Aquaculture, Fish Processing and Value Addition in the SADC Region - AquaTrans”**

*Please answer each question clearly and completely (print or type), read carefully and follow the instructions.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | |
| Last name (Family name)\* |  | | | | | | | | | | | | | | | |
| First name (s) |  | | | | | | | | | Gender | |  | | | Marital status |  |
| Citizenship |  | | | | | | Age | |  | Passport number | |  | | | | |
| Occupation ***(fish entrepreneur, potential investor, policy maker, researcher, academician, other………………)*** |  | | | | | | | | | | | | | | | |
| **CORRESPONDENCE ADDRESS** | | | | | | | | | | | | | | | | |
| Physical Address | |  | | | | | | | | | | | | | | |
| City | |  | | | | | | | | | ZIP Code | | |  | | |
| Country | |  | | | | | | | | | | | | | | |
| Contact (Cell) | |  | | | | | | | | | | | | | | |
| Email address | |  | | | | | | | | | | | | | | |
| **BACKGROUND KNOWLEDGE(Indicate level of knowledge as *extensive/basic or none* in appropriate box)** | | | | | | | | | | | | | | | | |
| Fish Processing | | | | |  | | | | | | | | | | | |
| Business skills | | | | |  | | | | | | | | | | | |
| Value addition | | | | |  | | | | | | | | | | | |
| Fish production | | | | |  | | | | | | | | | | | |
| Other fish related disciplines (specify)………………………  …………………………………………………………………… | | | | |  | | | | | | | | | | | |
| **HIGHEST EDUCATION LEVEL ACHIEVED** | | | | | | | | | | | | | | | | |
| Highest level of education | | | |  | | | | | | | | | | | | |
| (Major) Field of Study | | | |  | | | | | | | | | | | | |
| Name of institute | | | |  | | | | | | | | | | | | |
| Location Country, City) | | | |  | | | | | | | | | | | | |
| Degree/Diploma awarded | | | |  | | | | | | | | | | | | |
| Any publications (links) | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| **EMPLOYMENT RECORD (for those employed)** | | | | | | | | | | | | | | | | |
| Organization name | | |  | | | | | | | | | | | | | |
| Department | | |  | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | |
| Started in year | | |  | | | | | | | | | | | | | |
| Organization Address | | |  | | | | | | | | | | | | | |
| City | | |  | | | | | | | | | | | | | |
| Zip Code | | |  | | | | | | | | | | | | | |
| Country | | |  | | | | | | | | | | | | | |
| Telephone | | |  | | | | | | | | | | | | | |
| Fax | | |  | | | | | | | | | | | | | |
| Email | | |  | | | | | | | | | | | | | |
| **Description of your work and personal responsibilities (Max 500 words)** | | |  | | | | | | | | | | | | | |
| **BUSINESS RECORD (for entrepreneurs)** | | |  | | | | | | | | | | | | | |
| Business name | | |  | | | | | | | | | | | | | |
| Position in business | | |  | | | | | | | | | | | | | |
| Number of years in business | | |  | | | | | | | | | | | | | |
| **Description of Business (Max 300 words)** | | |  | | | | | | | | | | | | | |
| **MOTIVATION (Please indicate why you intend to undertake the course and your expectations from the course – Max 300 words)** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | |
| **Special Diet** | | | Halal | | |  | | Vegetarian | | | | |  | | | |

Kindly submit your completed form to [aqua-training@bunda.luanar.mw](mailto:aqua-training@bunda.luanar.mw) and copy [pnsandu@bunda.luanar.mw](mailto:pnsandu@bunda.luanar.mw) and [edithgondwe@ymail.com](mailto:edithgondwe@ymail.com)