



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 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 (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	<p>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.</p> <p>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 thereto</p> <p>Knowingly, my application is submitted for consideration.</p>		
Place:		Date:	

Name and Approval of employer

Name and signature of candidate

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