

Poultry Excellence Trainee

APPLICATION FORM: POULTRY EXCELLENCE TRAINEE
CLOSING DATE FOR APPLICATIONS: 15 January 2026

Passport Photo



Please email your application and supporting documents to:
internships@npi.com.na

If you have not received feedback or correspondence relating to this application by 27 February 2026, you can assume that your application has been unsuccessful.

SECTION A – APPLICATION DETAILS (Please complete clearly)

1. Application for:

☐ Poultry Excellence Trainee

SECTION B – PERSONAL PARTICULARS

First Name(s):		Surname:	
Postal Address:			
Contact Number:		Email Address:	
Citizenship:		Date of Birth:	
ID or Passport Number:		Gender:	
Marital Status:		Home Language:	
State of health:			

Particulars of parent / guardian (please indicate the relationship):

First Name(s):		Surname:	
Residential Address:			
Contact Number:		Email Address:	
Occupation of parent / guardian:			
Name and address of employer			

Number of dependents of yourself / your parents or guardian:

Name and Surname:	Age:

SECTION C: CAREER AND EDUCATION

1. Career Ambitions

1.1 State the career you wish to follow / What are your future plans?

2. Educational Qualifications

2.1 Grade 12 Subjects passed (State year in which passed and submit written proof):

3. What have you been doing since you left school?

Year:	Details:

4. Tell us about yourself (any information not given in previous questions):

5. Parent Employment within NMI Group (if applicable):

5.1 Name and Surname: _____

5.2 Personnel number: _____

5.3 Company the parent works at (E.g. Feedmaster): _____

5.4 Department the Parent works in: _____

5.5 Contact number of Parent: _____

6. Compulsory documents to accompany your application

6.1 Certified copies of your Grade Twelve (12) certificate and/or academic record;

6.2 One attached passport photograph;

6.3 Certified copy of at least one (1) testimonial;

6.4 Certified copy of birth certificate / passport / ID;

6.5 Applicants motivation letter;

6.6 Comprehensive CV;

6.7 Certified copy of driver's license.

Please do not attach original academic record.

FAILURE TO COMPLETE THE APPLICATION FORM TRUTHFULLY, MAY LEAD TO AN UNSUCCESSFUL APPLICATION

UNDERTAKING

I (Full name and surname in capital letters), _____

Of (Address)

Certify that the information supplied by me in the sections above are true, complete and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.