# **Poultry Excellence Trainee**

**APPLICATION FORM: POULTRY EXCELLENCE TRAINEE CLOSING DATE FOR APPLICATIONS: 8 DECEMBER 2023**  **Passport Photo** 



## Please email your application and supporting documents to: Roots@Namibmills.com.na

If you have not received feedback or correspondence relating to this application by 31 January 2024, you can assume that your application has been unsuccessful.

**SECTION A – APPLICATION DETAILS (Please complete clearly)** 

1.	Application for:	
	Poultry Excellence	e Programme













### SECTION B – PERSONAL PARTICULARS

nail Address:					
te of birth:					
nder:					
ome Language:					
onship):					
Name(s):					
tal Address:					
nil Address:					
Name and address of employer:					
dian:					
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 Qualifica	ations					
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	Employn	nent (if	annlica	hle)·

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 o my knowledge.				
Signature of Applicant:				
Date:				

PLEASE NOTE: INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.











