

Roots Poultry Excellence Program

Passport Photo

APPLICATION FORM: MANAGEMENT TRAINEE
CLOSING DATE FOR APPLICATIONS: 7th NOVEMBER 2020



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

If you have not received feedback or correspondence relating to this application from the Bursary Administrator by the 8th of December 2020, you can assume that your application has been unsuccessful.

SECTION A – APPLICATION DETAILS (Please complete clearly)

1. Application for:

Poultry Excellence Program

SECTION B – PERSONAL PARTICULARS

First Name(s): _____ Surname: _____

Postal Address (at home): _____

Contact Number(s): _____ 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):

Surname: _____ First Name(s): _____

Residential Address: _____ Postal Address: _____

Contact Number(s): _____ 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:

5.1 Name and Surname: _____

5.2 Personnel number: _____

5.3 Company the parent works at (Eg. 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;

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;

Please do not attach original academic record.

FAILURE TO COMPLETE THE APPLICATION FORM TRUTHFULLY, MAY LEAD TO THE WITHDRAWAL OF THE BURSARY.

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: _____

Signature of Parent/ Guardian: _____

(Only necessary if applicant is under the age of 21)

Date: _____

PLEASE NOTE: INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

