



# Food Processing and Preservation Training Program

## Application Form

Full Name: \_\_\_\_\_ 2. Sex: Female Male

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Did you receive any agri-food related training before? Yes No

If yes, list the training programs (& year)

Your English skill? Very limited Basic Intermediate Fluent

### About your Cooperative

Which product(s) do you make, in what quantity (Kg, Liter) per year?

How long is your experience in agri-food growing/processing/making? \_\_\_\_\_ years

Do you have your own processing plant(s)? Yes No

If yes, what kind of processing technologies and machines do you currently use?

Where is your market? Domestic Overseas, Which country(ies)?

Which improvement would be needed for your existing product(s)? Please describe in detail.

Any particular interest in food processing or preservation technologies? Why?

Any ideas on new product development/ your cooperative coming up with new products?

Why are you interested in participating in this food processing and preservation training program?

What do you hope to gain from this training?

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in disqualification from the training program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_