



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: _____