

PLEASE WRITE OR TICK AS
APPROPRIATE

DATE: _____

**APPLICATION FOR
SKILLS TRAINING PROGRAM FOR SMALL AND MEDIUM ENTERPRISES (STRAP4SMEs)**

**27th June - 22nd July 2011
School of Food Technology, Nutrition & Bioengineering
Makerere University**

Name: _____

Gender: Male ☐ Female ☐

Age category: 18-30 yrs ☐ 31-45 yrs ☐ 46-6 yrs ☐

Present physical address: _____

Telephone number: _____

Email address: _____

Present education level: Primary ☐ "O" level ☐ "A" level ☐ Diploma ☐ University degree ☐

Have you started a small food processing enterprise? Yes ☐ No ☐

If yes please briefly describe the business (including product types, production capacity and challenges):

Tick the module(s) you are paying for & will attend:

F1: Processing of fruit juices & beverages ☐ 27th June – 1st July 2011

F3: Processing of fruit & vegetable sauces ☐ 4th – 8th July 2011

D1: Processing of Yoghurt & fermented milks ☐ 11th - 15th July 2011

D2: Processing of cheeses ☐ 18th – 22nd July 2011

Signature: _____

The information requested here is for our record purposes only and will be kept confidential

Thank you for your support

THIS PART IS FOR OFFICIAL USE ONLY:

Paid course fees: YES ☐ NO ☐

If paid, indicate receipt No: & attach copy of receipt