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COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES (CAES)

Office of the Principal

APPLICATION FORM FOR AGROSTUDIES APPRENTICESHIP IN ISRAEL (2025-2026)

1. Full names:

.....

2. Nationality: Sex: Date of Birth:

..... *(Please Attach a copy of the national ID as proof of
nationality and date of birth)*

3. District of origin:

.....

4. Marital Status: 1 = Single 2 = Married

5. Religion:

.....

6. Telephone number (For calls): Tel (WhatsApp):

.....

7. Email address:

.....

8. Father's Names:

.....

9. Mother's

Names:.....

10. Next of kin (Name): Relationship:

.....

11. Telephone number for next of kin:

.....

12. Current degree program registered for:

..... *(Attach Valid Student's Admission Letter and Valid University ID as Proof)*

13. University.....

.....

14. Year of study: e.g. Second or Third CGPA: *(Attach current Testimonial as proof)*

15. Number of active retakes to-date

.....

16. Do you have the East African Passport? Yes/No..... If yes, indicate Passport numberExpiry date

(Attach copy of data page of your passport showing your details)

17. Do you have any physical or other disability that would interfere with your involvement in farm work? Yes/No..... If Yes, what kind of disability?

18. Do you have any physical, medical or any other condition that you have ever had or currently have that would affect your full participation in a month-long intensive physical fitness training prior to departure for Israel? Yes/NoIf Yes, provide details

.....

19. Have you ever been to Israel? Yes/No..... If yes provide details about the purpose of your stay in Israel

.....

20. Do you have any criminal record? Yes/No.....If Yes, provide details

.....

21. Your Shoe size (e.g. 39, 40 e.t.c...)

.....

22. Your Shirt size (e.g. S, M, L, XL, XXL

.....

23. Your current weight.....Kilograms. Current height.....
Centimeters

24. Have you undergone COVID-19 Vaccination? Yes/No.....

(If yes, attach a copy of the vaccination card/certificate for proof)

25. Have you ever undergone any medical surgery in your lifetime?
Yes/No.....

26. If yes, provide details about the surgery/surgeries e.g. when was it and
what was it for?

.....

27. Have you ever suffered from any of these illnesses/medical conditions in
your lifetime?

Medical condition	Have you suffered from it? (Yes/No)	If yes, in which year was the condition diagnosed?
Ulcers		
Hernia		
Blood Pressure		
Diabetes		
Bone fracture		
Heart disease		
Chest problems		
Back problems		
Mental problems		
Skin problems		
Allergies		

STUDENT CONSENT: I agree to adhere by the conditions of the apprenticeship
and confirm that I have permission from my parent/guardian to withdraw
from my degree program for the duration of the apprenticeship program

and re-integrate on return from Israel in accordance with the relevant Makerere University policies and procedures. I also commit myself that I shall accept and remain on the farm I shall be assigned to right from the start to the end my stay on Agrostudies apprenticeship program. I also further commit myself to return back to Uganda immediately after the apprenticeship has ended. I confirm that my parent/guardian has consented to my participation in the apprenticeship.

(Please attach copy of national identity card for parent/guardian)

Name:.....Signature:

Date:

.....

PARENTAL/GUARDIAN CONSENT:

I confirm that my son has my consent to withdraw from his University academic studies in Uganda to participate in the Israel agrostudies apprenticeship program. I also confirm that, I shall constantly encourage and guide my son to; stay in the agrostudies apprenticeship programme for the entire duration, remain on the farm that he will be assigned to right from the start to the end of his stay on Agrostudies apprenticeship programme and to return to Uganda and resume his studies at the end of the apprenticeship programme.

Name:Relationship:

Signature: Telephone number:

Date:

WARNING:

1. *Applications submitted after the deadline of **5PM 26th September 2025** will be rejected*
2. *Applications submitted elsewhere other than to: agrostudies.caes@mak.ac.ug which is the official email address will not be considered*
3. *Incomplete application forms (those missing the required attachments and those missing responses to any question) will be automatically rejected and shall not be considered*
4. *Providing false information, false/forged documents, forged signatures of parents/guardians will lead to automatic disqualification from the programme*
5. *Only successful candidates will be contacted.*
6. *Management reserves the right to select the most suitable candidates.*

7. *Use of political or any other influences at any stage of this process will result into automatic disqualification of an applicant from the selection process*
8. *Subsequent **processing** of candidates will be done at the discretion of management, which is not liable for time lost from academic programs or funds spent on line items during processing.*
9. *Applicants who deal with any other persons other than the two designated Coordinators of this program on matters concerning the program will do so at their own risk. Neither the University nor the Coordinators will be held accountable for any losses that may be incurred by applicants during the process.*

CERTIFICATE OF TRANSLATION

(Only applicable for students whose parents/guardians do not understand English)

This Application has been translated from English to (*Language understood by the parent/guardian*) by Mr./Ms./Dr./ Prof.

.....
By signing the parental/guardian consent above, the parent/guardian confirms that s/he has understood
and agreed with the content in the entire application form.

Dated at Kampala thisday of 2025

.....
Name of translator

.....
Signature of translator