



**LIMTAI AGENCY PAID INTERNSHIP APPLICATION FORM**

**PO BOX 118914, KAMPALA-UGANDA**

**+256 763996698/ +256 743107936**

[www.limtaiagency.com](http://www.limtaiagency.com) Email: [limtaiagency@gmail.com](mailto:limtaiagency@gmail.com)

**SMILING  
PASSPORT  
SIZE PHOTO**

**SECTION 1: PERSONAL INFORMATION**

FULL NAME:		
GENDER		
DATE OF BIRTH:		
MARITAL STATUS:		
NATIONALITY:		
NIN:		
CONTACTS:		
EMAIL ADDRESS:		
ADDRESS:		
RELIGION:		
HEIGHT (CM):		
WEIGHT:		
DO YOU HAVE A PASSPORT?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
IF YES;	PASSPORT NUMBER	
	ISSUE DATE	
	EXPIRY DATE	
DO YOU HAVE A DRIVING PERMIT?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
IF YES;	PERMIT NUMBER	
	ISSUE DATE	
	EXPIRY DATE	

## SECTION 2: EDUCATION BACKGROUND

QUALIFICATION:	INSTITUTE/ UNIVERSITY	YEAR OF STUDY

## SECTION 3: PREFERRED PROGRAM

<b>PREFERRED POSITION:</b> (Tick all if you don't have a specific preference)	Dairy farm <input type="checkbox"/> Piggery farm <input type="checkbox"/> Poultry farm <input type="checkbox"/> Others (specify);
<b>PREFERRED COUNTRY:</b> (Tick all if you don't have a specific preference)	Denmark <input type="checkbox"/> Holland <input type="checkbox"/> Spain <input type="checkbox"/> Germany <input type="checkbox"/> Norway <input type="checkbox"/> Others (specify);

## SECTION 4: WORK EXPERIENCE & SKILLS

1. Do you have any relevant work experience? YES ☐ NO ☐

If yes, provide details.

Farm	Duration (Start & End Dates)	Key Responsibilities

## SECTION 5: HEALTH & MEDICAL INFORMATION

Do you have any medical conditions that may affect your ability to work?

YES ☐

NO ☐

If yes, specify \_\_\_\_\_

## SECTION 6: REFERENCES

Please provide the names and contact details of references who can speak about you;

<b>A. REFERENCE ONE (NEXT OF KIN)</b>	
Name:	
Relationship:	
Address:	
Contact:	
Email address:	
<b>B. REFERENCE TWO</b>	
Name:	
Relationship:	
Address:	
Contact:	
Email address:	

## SECTION 7: FINANCIAL READINESS

### 1. Understanding of Program Costs

Do you acknowledge that participation in this program requires financial investment?

☐ YES

☐ NO

### 2. Financial Preparedness:

Are you prepared to cover the associated program costs?

☐ YES

☐ NO

### 3. Funding Sources

How do you plan to finance your participation in this program? (Select all that apply)

☐ Personal Savings ☐ Family Support ☐ Bank Loan ☐ Sponsor/Scholarship

☐ Other (Please specify): \_\_\_\_\_

## SECTION 8: COMPUTER COMPETENCE TEST

1. How often do you use a computer and other computing devices?

☐ Daily

☐ 2-3 times a week

☐ Only for Entertainment

☐ Never

**DECLARATION & CONSENT**

☐ I confirm that the information provided is accurate to the best of my knowledge. I agree to abide by the regulations of Limtai Agency regarding the internship placement process.

Applicant's Signature: \_\_\_\_\_

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

Company representative name: \_\_\_\_\_

Signature and date: \_\_\_\_\_

