



TRAINER APPLICATION FORM

DATE OF APPLICATION:

COMPANY DETAILS

Company Name

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Company Registration number

Postal address

Physical address

Telephone number Fax number

Email

Bank name

Bank branch

Bank account number

Any Current Loans with CEDA or MBF

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Areas able to operate in

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Contact person details:

Name & Surname

Physical addresses

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Postal addresses

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Telephone number Cell phone number

Fax number E-mail

Role of Contact person in company.....

COMPANY DIRECTORS DETAILS:

1) Name & Surname:

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Identity number / Passport number

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Nationality of individual (Local or Foreign)

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Physical addresses

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Postal addresses

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Telephone number Cell phone number

Fax number

Email

Status of employment

.....

2) Name & Surname:

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Identity number / Passport number

.....

Nationality of individual (Local or Foreign)

.....

Physical addresses

.....

Postal addresses

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Telephone number Cell phone number

Fax number

Email

Status of employment

KEY TRAINERS, INCLUDING RESOURCE TRAINERS DETAILS:

1) Name & Surname

Identity or passport number

Qualifications

Area of specialization

2) Name & Surname

Identity or passport number

Qualifications

Area of specialization

3) Name & Surname

Identity or passport number

Qualifications

Area of specialization

4) Name & Surname

Identity or passport number

Qualifications

Area of specialization

EXPERIENCE:

HAVE YOU APPLIED FOR CEDA TRAINING BEFORE? (if yes which year?)

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HAVE YOU BEEN ACCREDITED AS A CEDA TRAINER BEFORE? (if yes which year?)

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BOTA REGISTERED

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ANY OTHER PROFESSIONAL ACCREDITATION

.....

How many years has the company and the personnel been in the related field in entrepreneurial training:

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What is your understanding of the Entrepreneurial Development?

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Please state your proposed methodology for entrepreneurial training and how you think will further develop our entrepreneurs

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TRAINING PROGRAMMES

Please list the training manuals you have (please attach them to the application)

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Clearly outline the programmes you will be offering for training:

1) Generic- marketing, accounting, pricing and costing, TAX, VAT, HR Management, Entrepreneurial Development etc

2) Industry specific- retail, hospitality, agriculture (horticulture, cattle), etc

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If offering generic training which industry is it be geared towards?

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Clearly outline programmes: guidelines, structure and course outline and how structured are they towards entrepreneurial development.

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Please state the expected impact which could be derived from your training

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Previous institutional training jobs (excluding CEDA): company, year, training conducted

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Previous CEDA training assignments

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REFEREES:

1. Company name

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Company registration number

Contact person name & surname

Contact person physical addresses

Contact person postal addresses

Contact person telephone number

Contact person fax number

Contact person cell number

Contact person email

2. Company name

.....

Company registration number

Contact person name & surname

Contact person physical addresses

Contact person postal addresses

Contact person telephone number

Contact person fax number

Contact person cell number

Contact person email

3. Company name

.....

Company registration number

Contact person name & surname

Contact person physical addresses

Contact person postal addresses

Contact person telephone number

Contact person fax number

Contact person cell number

Contact person email

Please submit together with this form, the company profile and the CVs of all the key people and the training manuals. CEDA reserves the right to reject your application at its discretion.