

PLEASE WRITE OR TICK AS APPROPRIATE

DATE: _____

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

**26th June – 4th August, 2017
FOOD TECHNOLOGY AND BUSINESS INCUBATION CENTRE
MAKERERE UNIVERSITY**

Name: _____

Gender: Male Female

Age category: 18-30 yrs 31-45 yrs 46-60 yrs

Telephone number: _____

Present physical address: _____

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:

Module	Dates	Course fees per person	Tick
Module B1: Baking and icing of cakes	26 th June – 30 th June 2017	UShs 400,000	
Module F1: Processing of fruit juices	3 rd July – 7 th July 2017	UShs 400,000	
Module D1: Processing of yoghurt and cheese	10 th July – 14 th July 2017	UShs 400,000	
Module S1: Smoking of meats	17 th July – 21 st July 2017	UShs 400,000	
Module F3: Processing of tomato sauces	24 th July – 28 th July 2017	UShs 400,000	
Module B2: Baking of bread	31 st July – 4 th August 2017	UShs 400,000	

Signature: _____

The information requested in this form is for our record purposes only and will be kept confidential

THIS PART IS FOR OFFICIAL USE ONLY: DO NOT FILL

Paid course fees: YES NO

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