



# Application Form

## SkillCoop Graduate Apprentice Program

### Introduction

Thank you for your interest in the **SkillCoop Graduate Apprentice Program**. Please complete this form in its entirety and return it to the Uhuru Institute of Social Development via email [uhuru@uhuruinstitute.org](mailto:uhuru@uhuruinstitute.org) and [skillcoop@uhuruinstitute.org](mailto:skillcoop@uhuruinstitute.org)

### 1. Cooperative Information

1.1 Name:	
1.2 Address:	
1.3 Manager: <i>(Name, phone number &amp; email)</i>	
1.4 Board Chairperson: <i>(Name, phone number &amp; email)</i>	

### 1.5 Enterprise?

*Select/tick the most appropriate*

- Multipurpose
- Financial Services (SACCO)
- Health
- Agriculture & Marketing
- Housing
- Other
- Agriculture Production & Bulking

*If you selected **other**, please specify?*

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## The Needs Assessment

### 2. Describe the major need for which the cooperative requires an apprentice?

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#### The sex of required apprentice required

##### Sex

Female	
Male	

### 3. Which functions does your cooperative require the apprentice for?

*(Please select from an appropriate category and /or specify as listed below;)*

#### Department

Agronomy & Field Extension

Business Development

Marketing

Relationship Management

Accounting & Finance

Stores Management

General Manager

Others? Please specify

**4. List the key responsibilities of the Function?**

No.	Responsibilities of the function
i)	
ii)	
iii)	
iv)	

**5. Describe the key competences, professional skills and knowledge required of the apprentice, to successfully support the function in the cooperative?**

Knowledge	Skills

**6. Describe any challenges the cooperative may face in implementing the apprentice program?**

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**7. For performance and impact measurement, the apprentice will require a supervisor, please avail the contacts of the person that will be supervising the apprentice at the cooperative?**

Name	Position	Years with this cooperative	Phone number	Email Address

**8. Is the cooperative currently working with other partners?**

Yes

No

**9. Describe how the apprentice program may impact your work with other partners?**

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**10. Please provide any other information that may be important for the success of the apprentice program?**

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## Signature Page

On behalf of the cooperative.

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**Chairperson's Name**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

On behalf of the cooperative.

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**Manager's Name**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing this application. TUI will provide feedback accordingly. Please note that this application **does not** guarantee the apprentice placement in your cooperative.

For additional information, please contact us via **0414 581453 / 0200 917823**  
**uhuru@uhuruinstitute.org** and **skillcoop@uhuruinstitute.org**