

WORK QUEST AGENCY PAID AGRICULTURAL INTERNSHIP APPLICATION FORM

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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES;	PASSPORT NUMBER	
	ISSUE DATE	
	EXPIRY DATE	
DO YOU HAVE A DRIVING PERMIT?	YES <input type="checkbox"/>	NO <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

PREFERRED POSITION: (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);
PREFERRED COUNTRY: (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;

A. REFERENCE ONE (NEXT OF KIN)	
Name:	
Relationship:	
Address:	
Contact:	
Email address:	
B. REFERENCE TWO	
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 Work Quest Agency regarding the internship placement process.

Applicant's Signature: _____

Date: _____

Company representative name: _____

Signature and date: _____