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COLLEGE OF AGRICULTURAL AND ENVIRONMENTAL SCIENCES

Office of the Principal

APPLICATION FORM FOR AGROSTUDIES APPRENTICESHIP IN ISRAEL (2024-2025)

1. Full names:
2. Nationality: Sex: Date of Birth: *(Please attach a copy of the national ID as proof of nationality and date of birth)*
3. District of origin:
4. Marital Status: 1= Single 2= Married
5. Religion:
6. Telephone number (For calls): Tel (WhatsApp):
7. Email address:
8. Father's Names:
9. Mother's Names:
10. Next of kin (Name): Relationship:
11. Telephone number for next of kin:
12. Current degree program registered for: *(Attach Valid Student's Admission Letter and Valid University ID as Proof)*
13. University.....
14. Year of study: e.g. Second or Third CGPA: *(Attach current Testimonial as proof)*
15. Number of active retakes to-date
16. Do you have the East African Passport? Yes/No..... If yes, indicate Passport number
..... Expiry date *(Attach copy of data page of your passport)*
17. Do you have any physical or other disability that would interfere with your involvement in farm work? Yes/No..... If Yes, what kind of disability?
18. Do you have any physical, medical or any other condition that you have ever had or currently have

that would affect your full participation in a month-long intensive physical fitness training prior to departure for Israel? Yes/No If Yes, provide details

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19. Have you ever been to Israel? Yes/No..... If yes provide details about the purpose of your stay in Israel

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20. Do you have any criminal record? Yes/No.....If Yes, provide details

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21. Your Shoe size (e.g. 39, 40 etc....)

22. Your Shirt size (e.g. S, M, L, XL, XXL)

23. Your current weight..... Kilograms. Current height..... Centimeters

24. Have you undergone COVID-19 Vaccination? Yes/No..... (If yes, attach a copy of the vaccination card/certificate for proof)

25. Have you ever undergone any medical surgery in your lifetime? Yes/No.....

26. If yes, provide details about the surgery/surgeries e.g. when was it and what was it for?

.....

27. Have you ever suffered from any of these illnesses/medical conditions in your lifetime?

Medical condition	Have you suffered from (Yes/No)	If yes, in which year was the condition diagnosed?
Ulcers		
Hernias		
High/ low blood pressure		
Diabetes		
Bone fractures		
Heart disease		
Chest problems		
Back problems		
Mental problems		
Skin problems		
Allergies		

28. Can you raise the programme fees of USD 900 in two installments (first installment of USD 265 within one week after being pre-selected and the second installment of USD 635 within 3-4 weeks after being confirmed as pre-selected)? Yes/No.....

NOTE:

- i. The first installment of the non-refundable fees (USD 265) shall be paid immediately after the pre-selection prior to reporting for medical examination and physical fitness training. This installment shall be used to cater for expenses of the medical tests (USD 100), physical fitness training (USD 50), Passport Courier services (USD 50 USD), Coordination costs (USD 50) and Bank Charges (USD 15). All medical examinations and tests shall be done at the Makerere University Hospital after pre-selection.
- ii. The second installment of USD 635 shall be paid immediately after completion of the medical examination and physical fitness training). This installment shall be used to cater for a one-way air ticket to Israel (USD 600), Travel from Makerere University to Entebbe airport (20 USD) programme, and one programme T-shirt (USD 15). This second installment of USD 635 is refundable in event that the student does not travel to Israel.
- iii. The medical to be done shall include tests for HIV/AIDS, Tuberculosis, chest X-Ray, Hepatitis B Dental health and Body Mass Index.

STUDENT CONSENT: I agree to adhere by the conditions of the apprenticeship and confirm that I have permission from my parent/guardian to withdraw from my degree program for the duration of the apprenticeship program and re-integrate on return from Israel in accordance with the relevant Makerere University policies and procedures. I also commit myself that I shall accept and remain on the farm I shall be assigned to right from the start to the end my stay on Agrostudies apprenticeship program. I also further commit myself to return back to Uganda immediately after the apprenticeship has ended. I confirm that my parent/guardian has consented to my participation in the apprenticeship. *(Please attach copy of national identity card for parent/guardian)*

Name:Signature:
Date:

PARENTAL/GUARDIAN CONSENT:

I confirm that my son has my consent to withdraw from his University academic studies in Uganda to participate in the Israel Agrostudies apprenticeship program. I also commit to continually encourage and guide my son to stay in the Agrostudies apprenticeship programme for the entire duration, remain on the farm that he will be assigned to right from the start to the end of his stay on the programme and to return to Uganda and resume his studies at the end of the apprenticeship programme.

Name:Relationship:
Signature: Telephone number:
Date:

